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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A_</u>	For the 200		ear, or tax year beginning $08/01/09$, and ending $07/31$	L/10		
В	Check if applica	ible Please use IRS	C Name of organization		D Emplo	yer identification number
\sqcup	Address change	e label or	MARIANNA, INC		۱ ۵۵	7010000
	Name change	print or	Doing Business As		1	7210832
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	one number -628-5845
\Box	Termination	Specific	2959 BLUFF RD			
\equiv	Amended return	Instruc- tions.	City or town, state or country, and ZIP + 4 CEDAR BLUFF NE 68015-3214		G Gross rece	pis 111,002
片		E Nom	e and address of principal officer		H(a) is this:	a group return for
Ш	Application pen	iding ' ''ai'''	e and address of principal officer		affiliate	
					H(b) Are all include	affiliates
						attach a list (see instructions)
ī	Tax-exempt	status X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527			,
J	Website.	/-			H(c) Group	exemption number
K	Type of organiz	zation X Co	poration Trust Association Other	L Year of formation 1	.973	M State of legal domicile NE
F	art I	Summa	ry ·			
	1 Brief	fly describe	the organization's mission or most significant activities			
9	C:	ATHOLIC	PRIEST RETIREMENT VILLAGE			
anc						
Activities & Governance	1					
١Ş	2 Che	ck this box	▶ ☐ if the organization discontinued its operations or disposed of more t	han 25% of its net as	sets	
ે જ •	3 Num	ber of voting	g members of the governing body (Part VI, line 1a)		3	7
es	4 Num	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	0
₹	5 Tota	al number of	employees (Part V, line 2a)		5	3
Act	6 Tota	al number of	volunteers (estimate if necessary)		6	
_	7a Tota	al gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bu	isiness taxable income from Form 990-T, line 34		7b	0
				Prior Ye		Current Year
9	1		d grants (Part VIII, line 1h)		9,081	30,369
ē	1		revenue (Part VIII, line 2g)		0 400	AC 151
Revenue	ı		me (Part VIII, column (A), lines 3, 4, and 7d)	5	2,490	46,151
	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,277	27,582
_			add lines 8 through 11-(must equal Part,VIII, column (A), line 12)	8	8,848	104,102
	1		ar amounts paid (Part IX, cdiumn (A) Tines (3)			
			or for members (Part IX, Column (A), line 4)		1,888	32,477
Ses	15 Sala	aries, other c	ompensation, employed benefits (Part IX, continn (A), lines 5–10)		1,000	32,411
benses	16a Prof	tessional tun	draising fees (Part IX, column (A), line 11e)			
Exp		al tundraising	expenses (Part IX, column (D)-line 25)		2 176	01 654
_	17 Otne	er expenses	(Part IX, column (A), lines 11a (17id) 1171-247)		2,176	81,654 114,131
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)		5,216	-10,029
55	19 Rev	enue less ex	openses Subtract line 18 from line 12	Beginning of Co		End of Year
ets	20 Tota	al assets (Pa	rrt X, line 16)		5,225	2,245,195
Ass	21 Tota	-	Part X, line 26)		399	398
Net Assets or	22 Net	-	nd balances Subtract line 21 from line 20	2,25	4,826	2,244,797
	Part II		re Block	<u> </u>		<u> </u>
			Ities of perjury, I declare that I have examined this return, including accompanying scl	hedules and statements.	and to the be	est of my knowledge
			t is true, correct, and complete Declaration of preparer (other than officer) is based of			
Si	gn		Bed C. Tupletus		ر ا)·//~//
	ere	Signati	ure of officer		Date	
		N " "	Joseph c Taphorn, Treasurer	•		
		Type o	r print name and title			
		Proporado	Da Da	ate / / Chec	k ıf	Preparer's identifying number
Pa	aid	Preparer's signature		2/a/11 self-	oyed ▶ □	see instructions) P00429344
	eparer's		KRUSE SCHUMACHER SMEJKAL I	·/ •p.	PC EIN	47-0552214
Us	se Only	Firm's name	D 0 DOW 000 3403 07mm Cm		Phone	
		if self-emplo address, an				402-564-1366
Ma	v the IRS d	<u> </u>	eturn with the preparer shown above? (see instructions)		ן ווָט	X Yes No
_			erwork Reduction Act Notice, see the separate instructions.		C 44	Form 990 (2009
DA	A	and i ape			619	1 OIII 330 (2009

Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

•	C PRIEST RETIREN	ÆNT VILLAGE		
_	nization undertake any significa m 990 or 990-EZ?	ant program services during the year which we	ere not listed on	Yes X No
3 Did the orga	cribe these new services on Sonization cease conducting, or n	hedule O nake significant changes in how it conducts, a	ny program	Yes X No
	cribe these changes on Schedu	ule O s for each of the organization's three largest p	rogram services by expenses	Tes A No
Section 501	(c)(3) and 501(c)(4) organization	ns and section 4947(a)(1) trusts are required to revenue, if any, for each program service re	to report the amount of grants and	
THERE A		100,663 including grants of \$ ILITIES TO CATHOLIC PROMITED INT LIVING UNITS. R 36 UNITS.) (Revenue \$)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
			·	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	am services (Describe in Sche) /Povenue \$	1
(Expenses 4e Total progr	am service expenses ▶	including grants of \$ 100,663) (Revenue \$	
				Form 990 (2009

Pa	rt 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	İ	İ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		 	4.
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	T.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	├ ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1	x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ء ا		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.5		x
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	+	├
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		x
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	├ ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19 20	+	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		, QQ	0 (2009
		ror	*** マブ	⊌ (∠∪∪9

Form	990 (2009) MARIANNA, INC	23-7210832		P	age 4
	rt IV Checklist of Required Schedules (continued)				
	•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistan	ce to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Sch	edule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistan	ce to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule	I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 ab	out compensation of the			
	organization's current and former officers, directors, trustees, key employ	ees, and highest compensated			
	employees? If "Yes," complete Schedule J		23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding pi	incipal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 3	1, 2002? If "Yes," answer lines	İ		
	24b through 24d and complete Schedule K If "No," go to line 25		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a t	emporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding e	scrow at any time during the year]		
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding	at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization eng	age in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L	, Part I	25a		X
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 o	ganization's prior Forms 990 or	ļ		l
	990-EZ? If "Yes," complete Schedule L, Part I		25b		X
26	Was a loan to or by a current or former officer, director, trustee, key emp	oyee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year	ar? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, dire	ctor, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a pe	erson related to such an individual?			
	If "Yes," complete Schedule L, Part III		27_	<u> </u>	X
28	Was the organization a party to a business transaction with one of the fo	lowing parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and except	tions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," or	omplete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key en	nployee? If "Yes," complete			
	Schedule L, Part IV		28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employed				
	family member) was an officer, director, trustee, or direct or indirect own	er? If "Yes," complete Schedule L,			
	Part IV		28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contribution	·	29		X
30	Did the organization receive contributions of art, historical treasures, or c	ther similar assets, or qualified		ļ	
	conservation contributions? If "Yes," complete Schedule M		30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operation	is? If "Yes," complete Schedule N,			.
	Part I		31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25	% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II		32	├	X
33	Did the organization own 100% of an entity disregarded as separate from				x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pa		_33	 	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes	," complete Schedule R, Parts II,	1		X
25	III, IV, and V, line 1	540/b\/49\9 If #\/an # as!	34	 	^
35	Is any related organization a controlled entity within the meaning of sections and the R. Port V. Iron 2.	on oracle)(13)/it res, complete	1		x
20	Schedule R, Part V, line 2	n to an avament non abantable related	35	-	+^
36	Section 501(c)(3) organizations. Did the organization make any transfe	s to an exempt non-chantable related	36		X
27	organization? If "Yes," complete Schedule R, Part V, line 2	the that is not a related arganization	36	+	
37	Did the organization conduct more than 5% of its activities through an er and that is treated as a partnership for federal income tax purposes? If "	-			
	and that is treated as a partificiship for receipt income tax pulposes? If	res, wimpiete ourieurie it,		1	1

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

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

Form **990** (2009)

Part VI

га	Statements Regarding Other IKS Filings and Tax Compliance			V 1	
4.	Fortestly words and a Day 2 of Form 4000 Appeal Common and Transmitted of			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a 0			
	U.S. Information Returns. Enter -0- if not applicable	1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments.	ilable	1c	x	
٥-	gaming (gambling) winnings to prize winners?	1	- '		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 3			
	Statements, filed for the calendar year ending with or within the year covered by this return		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	o'			
2-	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered	hv			
3a		Бу	3a		X
L	this return?		3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other at	thorth	- 55		
4a					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina account)?	noia:	4a		x
	If "Yes," enter the name of the foreign country		- 1		
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	ank			
	and Financial Accounts	urii.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	on?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regainst				
·	Prohibited Tax Shelter Transaction?	<u>-</u>	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1			
va	organization solicit any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
́а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
u	and services provided to the payor?		7a	1	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3			
·	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe		7		
·	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
α.	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8	1	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		\perp
b	The second secon	12b			
			For	m 99	0 (2009

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		37
	of the governing body?	7a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following		v	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			x
Sac	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>!</u>	
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
1161	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	162	No X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	 	
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11		x
11a				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization. ARLENE REESON 2959 BLUFF RD	100 66		
	EDAR BLUFFS NE 68015-3214 4	± U Z = 62	:0-5	043

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization (A) Name and Title	(B) Average	ł		(0	2)	hat ap	l	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
FR DANIEL ANDREWS	•									
PRESIDENT		X		X	<u>_</u>			0	0	0
MSGR ANDREW MEIST	ER				ļ					
VICE PRES		X		X	<u> </u>			0	0	0
FR RALPH O'DONNE	ĻL								•	
DIRECTOR		X		<u> </u>				0	0	0
FR JOSEPH TAPHORI	N .			.,				o	^	o
TREASURER FR PAUL ALBENESIUM	10	X		X					0	0
SECRETARY	ys 	x		x	1			o	0	0
FR DERMOT DUNNE	-	^	 	^	├-	-	<u> </u>			
DIRECTOR	1	x						0	0	0
MSGN TIMOTHY THO	RRIIRN	1	\vdash		╁╌	-				
DIRECTOR	1014	x	1		l			o	0	0
	ļ ———	 	T							
	1				ł					
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	1									
	<u> </u>	\vdash	1-	T	†-	†	\vdash			
	1			1			1			
	1	T			T	1	t			
	1	1	1	1	1					

Part VII	(A) Name and Title	(B) Average			((>)	that a		d Highest Compensated (D) Reportable	(E) Reportable		(F)	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org. and	ount of other pensation om the anization of related inizations	
			!										_
						-	ļ <u>.</u>						
						_	-						
													_
			-				-						
						-							
			<u> </u>				<u> </u>			 			
					thos	se lis	sted	▶ abov	re) who received more that	n \$100,000 in			_
3 Did the	ne organization list any fo	ormer officer, du	recto dule	r or	rsuc	h in	divid	ual	oyee, or highest compensa			Yes	s No
the o	rganization and related o dual	organizations gre	ater	thar	\$15	0,00) 1 °00	f "Ye	on and other compensation es," complete Schedule J fo ny unrelated organization f	or such		4	x
servi	ces rendered to the orga . Independent Contract	nization? If "Yes										5	X
1 Comp	olete this table for your fi pensation from the organ	ive highest comp lization	ensa	ated	ınde	pen	dent	cont	tractors that received more			(C)	
	Name and	(A) d business address							Descri	(B) iption of services		(C) Compen	<u>sation</u>
						-		-					
	number of independent	contractors (inc	udin	a hu	t not	limi	ted t	o thr	ose listed above) who rece	ived			
	than \$100,000 in comp	•		_								0 Form 99	<u> </u>

Pa	rt y	III Statement of Reve	nue						1 age 0
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a				revenue		312, 313, 6/ 314
ra n	ь	Membership dues	1b						
g,e	c	Fundraising events	1c						
ar a	ď	Related organizations	1d						
s,E	-	Government grants (contributions)	1e						
Ëŝ	f	All other contributions, gifts, grants,	<u> </u>						
t be		and similar amounts not included above	1f		30,369				
Contributions, glfts, grants and other similar amounts	a	Noncash contributions included in lines 1a	-	\$	30,303				
	h	Total. Add lines 1a-1f	., ,	•	▶ 1	30,369			
Program Service Revenue					Busn. Code				
evel	2a								
ĕ	b								
Š	С								
Sel	q								
Гаш	е					····			
ğ	f	All other program service reve	nue						
<u> </u>	g	Total. Add lines 2a-2f			•				
	3	Investment income (including	dıvıder	ids, intere	est, and				
		other similar amounts)			▶	46,151			46,151
	4	Income from investment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties	1		•				
		(ı) Real		(II) F	Personal				
	6a		417						
	b		,780						
	С		637						
	d	Net rental income or (loss) Gross amount from				16,637			16,637
	, a	sales of assets (i) Securitie	s	(11)	Other				
		other than inventory							
	b	Less cost or other		ł					
		basis & sales exps							
		Gain or (loss)		L					
	d	Net gain or (loss)	. 1				···	1	<u> </u>
9	8a	Gross income from fundraising eve	nts						
Ē		(not including \$. 1						
Re,		of contributions reported on line 1c							
Other Revenue		See Part IV, line 18	a						
\$,	Less direct expenses	. b						
		Net income or (loss) from fund	1	events	•	-			
	ya .	Gross income from gaming activities See Part IV, line 19							
	_		a						
		Less direct expenses	b						
		Net income or (loss) from garr Gross sales of inventory, less	iing ac	uvides	<u> </u>				
	IVa	returns and allowances							
	, h	Less cost of goods sold	a b						
		Net income or (loss) from sale		venton/					
	٦	Miscellaneous Revenue		ventory	Busn. Code				
	11a	MISCELLANEOUS				10,945			10,945
	b								10,343
	C								
	d								
	e Total. Add lines 11a–11d 12 Total Revenue. See instructions					10,945			
						104,102			73,733
		Table 1 and						<u> </u>	50 75,755 Form 990 (2020)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must d				<u> </u>
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				····
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				·····
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		-		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,667	27,667		
8	Pension plan contributions (include section 401(k)	21,001	21,001		
J	and section 403(b) employer contributions)		1		
9		2 602	2 602		
	Other employee benefits	2,693	2,693		
10	Payroll taxes	2,117	2,117		· · ·
11	Fees for services (non-employees)				
a	Management				
b	Legal	4 405	0.50	000	
C	Accounting	1,175	352	823	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				 ,
T	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	98	98		
14	Information technology				
15	Royalties				
16	Occupancy	8,584	7,726	858	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u></u>		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	32,999	32,999		
23	Insurance	10,752	10,752		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				:
а	TRUSTEE FEES	11,298		11,298	
b	REPAIRS	9,429	9,429		
C	SUPPLIES	4,893	4,404	489	
ď	TRACTOR FUEL	2,218	2,218		
е	MISCELLANEOUS	136	136		
f	All other expenses	72	72		
25	Total functional expenses. Add lines 1 through 24f	114,131	100,663	13,468	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the			į	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Farm 990 (2000

Pa	rt X	Balance Sheet				
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		3,090	1	21,330
- 1	2	Savings and temporary cash investments		11,994	2	18,181
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
- 1	5	Receivables from current and former officers, directors,	trustees, key			
ŀ		employees, and highest compensated employees Com	plete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L	` ,		6	
 	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
₹	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment, cost or				
		other basis Complete Part VI of Schedule D	10a 1,284,361			
	b	Less accumulated depreciation	10b 538,748	778,613	10c	745,613
		Investments—publicly traded securities		1,461,528	11	1,460,071
		Investments—other securities See Part IV, line 11	,	12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14	,	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	2,255,225		2,245,195
	17	Accounts payable and accrued expenses	399		398	
ļ	18	Grants payable		18		
l	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
ű	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
흝	22	Payables to current and former officers, directors, truste				
≣∣		employees, highest compensated employees, and disq				
Liabilities		persons Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated thir	d narties		23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities Complete Part X of Schedule D	artico		25	
		Total liabilities. Add lines 17 through 25		399		398
S	20	Organizations that follow SFAS 117, check here ▶	and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			1	
a	27	Unrestricted net assets			27	
a Ba	28	Temporarily restricted net assets			28	
ᄝ	29	Permanently restricted net assets			29	
틸		Organizations that do not follow SFAS 117, check he	are > X			
띺		and complete lines 30 through 34.				
o.	30	Capital stock or trust principal, or current funds		30	Ī	
ets	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
SS	32	Retained earnings, endowment, accumulated income,		2,254,826	+	2,244,797
Net Assets		Total net assets or fund balances	or outer futius	2,254,826	+	2,244,797
Ne	33			2,255,225		2,245,195
_	34	Total liabilities and net assets/fund balances			1 34	

Form **990** (2009)

Form **990** (2009)

Pa	nt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		[Ì
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

MARIANNA, INC

Employer identification number 23-7210832

P	art I	Reaso	on for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) S	See in	structi	ions.					
Γhe	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, c	heck only	one box)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).														
2		A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E.)												
3					tion 170(b)(1)(A)(ii	ii).									
4	\sqcap	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectioi	170(b)	(1)(A)(ii	i). Ente	the ho	spital's name	,				
		city, and state		,												
5		An organization	on operated for the benefit o	of a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	ed in						
	_		o)(1)(A)(iv). (Complete Part													
6				overnmental unit described in se	ection 17	0(b)(1)(A)	(v).									
7	X	An organization	on that normally receives a	substantial part of its support fro	om a gove	mmental	unit or f	rom the	genera	l public						
	_	described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II.)	_											
8				70(b)(1)(A)(vi). (Complete Part	II)											
9		An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contributi	ons, me	mbersh	p fees,	and gro	oss					
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its														
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)														
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the														
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section														
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h															
	a Type I b Type II c Type III-Functionally integrated d Type III-Other															
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified														
		persons other than foundation managers and other than one or more publicly supported organizations described in section														
	509(a)(1) or section 509(a)(2)															
f		If the organization	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting							
		-	check this box													
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ie									
		following per										_	Τ			
				ontrols, either alone or together	with perso	ons descr	ibed in (u)				Yes	No			
				f the supported organization?							11g(i)		<u> </u>			
		• •	member of a person descri	• •							11g(ii)	1	├ -			
				described in (i) or (ii) above?							11g(iii)	ــــــــــــــــــــــــــــــــــــــ			
<u>h</u>				he supported organization(s)	I							 -				
(i)		e of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify	(VI) organizat	s the ion in col	(vii) Am sup		ı			
	U, g	janization		above or IRC section	1 ''	document?	col (ı)	of your	(ı) organı	zed in the						
				(see instructions))	Yes	No	Yes	No No	Yes	S?						
					res	No	162	NO	162	No						
_		_				 										
		· · ·														
	·							-		<u> </u>						
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						1										
Tota	ai		Ł	I .		Ŧ	1	1	1	+	1					

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 19,506 34,380 31,588 28,990 30,369 144,833 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 34,380 31,588 28.990 30,369 144,833 19,506 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) 45,662 Public support. Subtract line 5 from line 4 99,171 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Amounts from line 4 19,506 34,380 31,588 28,990 30,369 144,833 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 52,705 64,716 56,799 68,776 70,485 313,481 sources Net income from unrelated business activities, whether or not the business is 9,945 9,945 regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 468,259 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 21.18% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 29.28% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 MARIANNA, INC

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.)

Sec	tion A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received		i					
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
С	Add lines 7a and 7b				<u> </u>	<u> </u>		
8	Public support (Subtract line 7c from line 6)				1			
	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	Amounts from line 6						$-\!$	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							<u></u>
11	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 IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)							
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	1(c)(3)		_
	organization, check this box and stop here							<u>▶</u> _
Sec	tion C. Computation of Public Su	pport Percer	ntage					
15	Public support percentage for 2009 (line 8	, column (f) dıvıde	ed by line 13, colur	mn (f))		L	15	%
<u>16</u>	Public support percentage from 2008 School					1	16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage					
17	Investment income percentage for 2009 (li	ine 10c, column (f) divided by line 1	3, column (f))		L	17	%
18	Investment income percentage from 2008					L	18	%
19a	33 1/3 % support tests—2009. If the orga							_
	17 is not more than 33 1/3 %, check this b							▶ [
þ	33 1/3 % support tests—2008. If the orga						and	
	line 18 is not more than 33 1/3 %, check the	•		=				P
20	Private foundation. If the organization did	I not check a hov	on line 14 10a or	· 19h check this h	nox and see instruc	tions		▶

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2009

A HIGH SUPPORT OF MARIANNA'S INCOME COMES FROM THE PUBLIC. AS SEEN ON THIS RETURN, OVER 20% OF OUR INCOME IS FROM VARIOUS UNRELATED DONORS.

MARIANNA IS INHERENTLY A RELIGIOUS ORGANIZATION, AS ITS MEMBERS ARE ROMAN CATHOLIC PRIESTS. ON OUR PROPERTY, MASS IS OFFERED DAILY NOT ONLY FOR MEMBERS, BUT FOR MEMBERS OF THE PUBLIC WHO ARE FRIENDS OF THE ORGANIZATION. OUR PROPERTY IS USED TO HOST GATHERINGS OF THOSE INVOLVED WITH THE CHURCH, LIKE COOK-OUTS/PICNICS FOR MEMBERS OF THE KNIGHTS OF COLUMBUS AND THEIR FAMILIES. OUR FACILITIES ARE USED FOR SPIRITUAL RETREATS, NOT ONLY FOR MEMBERS OF THE CLERGY, BUT ALSO FOR YOUNG ADULTS WHO PARTICIPATE IN AREA CAMPUS MINISTRY PROGRAMS AT BENEDICTINE COLLEGE IN ATCHISON, KS AND THE UNIVERSITY OF NEBRASKA AT OMAHA, NE.

OUR BOARD OF DIRECTORS IS COMPRISED OF CLERGY WHO HOLD SPECIAL LEADERSHIP POSITIONS IN THE CHURCH, AND AS SUCH ARE COMMUNITY LEADERS. THIS INCLUDES THE VICAR GENERAL FOR THE DIOCESE OF LINCOLN, THE MODERATOR OF THE CURIA FOR THE ARCHDIOCESE OF OMAHA, THE DIRECTOR OF THE PERMANENT DIACONATE FOR THE ARCHDIOCESE OF OMAHA, AS WELL AS SEVERAL PASTORS OF CATHOLIC CHURCHES IN GREATER NEBRASKA.

THE PRIMARY PURPOSE OF MARIANNA IS TO PROVIDE RETIREMENT RESIDENCES TO CATHOLIC PRIESTS. WE HAVE BEEN DOING THIS FOR OVER 40 YEARS, AND HAVE A SYSTEM IN PLACE TO ACCOMPLISH THIS GOAL. OUR SECONDARY GOALS, AS EXPLAINED ABOVE, IS TO UTILIZE OUR CAMPUS FOR THE SPIRITUAL WELL-BEING OF VISITORS AND GUESTS.

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

MARIANNA IS NOT A DUES-PAYING ORGANIZATION, THOUGH SOME MEMBERS DO CONTRIBUTE TO THE ORGANIZATION, AS THEY BELIEVE IN ITS MISSION AND PURPOSE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection Employer identification number Name of the organization 23-7210832 MARIANNA . Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

4 Describe in Part XIV the intended uses of the	<u>organization's endowment</u>	funds		
Part VI Investments—Land, Build	ings, and Equipment	. See Form 990, Part	X, line 10.	
Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	(investment)	basis (other)	depreciation	
1a Land		203,232		203,23
b Buildings		1,041,217	516,710	524,50
c Leasehold improvements				
d Equipment		39,912	22,038	17,87

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

745,<u>613</u>

2. FIN 48 Footnote In Part XIV, 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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2009 MARIANNA, INC	23-	-7210832	Page 4
Pa	rt,XI Reconciliation of Change in Net Assets from Form	990 to Audited Finance	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	<u></u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	10		
Pa	Reconciliation of Revenue per Audited Financial St	ue per Return		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of pnor year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	art XIII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e -	
3	Subtract line 2e from line 1	r ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)		
	art XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F	Part III, lines 1a and 4, Part I	V, lines 1b	
	2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines $2d$ and $4b$, and Pa	irt XIII, lines 2d and 4b. Also	complete	
this p	part to provide any additional information			
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Schedule D (Form 990) 2009				9	MARIANNA, INC ntal Information (continued)										23-7210832														Pag	ge 5							
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARIANNA, INC

Employer identification number 23-7210832

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 WILL BE REVIEWED BY BOARD TREASURER PRIOR TO SIGNING AND FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return

Attachment Sequence No. 67

MARIANNA, INC 23-7210832 Business or activity to which this form relates ALL BUSINESS ACTIVITIES Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 q Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 9,648 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 23,351 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (f) Method (e) Convention (a) Depreciation deduction period service only-see instructions) 3-year property 19a 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental S/L MM 27 5 yrs property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs MM S/L 40-year 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 32,999 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23