

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2015**  
**Open to Public Inspection**

**For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015**

Name of foundation ST JAMES MANOR INC		<b>A Employer identification number</b> 23-7375883
Number and street (or P O box number if mail is not delivered to street address) 3300 NORTH 60TH STREET	Room/suite	<b>B Telephone number (see instructions)</b> (402) 554-0520
City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68104		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 2,018,083	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
<b>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	15,000			
<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
<b>3</b>	Interest on savings and temporary cash investments	926	926		
<b>4</b>	Dividends and interest from securities				
<b>5a</b>	Gross rents				
<b>b</b>	Net rental income or (loss)				
<b>6a</b>	Net gain or (loss) from sale of assets not on line 10				
<b>b</b>	Gross sales price for all assets on line 6a				
<b>7</b>	Capital gain net income (from Part IV, line 2)		0		
<b>8</b>	Net short-term capital gain				
<b>9</b>	Income modifications				
<b>10a</b>	Gross sales less returns and allowances				
<b>b</b>	Less Cost of goods sold				
<b>c</b>	Gross profit or (loss) (attach schedule)				
<b>11</b>	Other income (attach schedule)	758,925	0		
<b>12</b>	<b>Total.</b> Add lines 1 through 11	774,851	926		
<b>13</b>	Compensation of officers, directors, trustees, etc	0	0		0
<b>14</b>	Other employee salaries and wages	111,817	0		109,145
<b>15</b>	Pension plans, employee benefits	16,305	0		16,305
<b>16a</b>	Legal fees (attach schedule)	572	0		572
<b>b</b>	Accounting fees (attach schedule)	9,272	0		4,667
<b>c</b>	Other professional fees (attach schedule)	102,464	0		101,217
<b>17</b>	Interest	47,880	0		47,880
<b>18</b>	Taxes (attach schedule) (see instructions)	7,562	0		7,562
<b>19</b>	Depreciation (attach schedule) and depletion	139,981	0		
<b>20</b>	Occupancy	107,306	0		80,647
<b>21</b>	Travel, conferences, and meetings				
<b>22</b>	Printing and publications				
<b>23</b>	Other expenses (attach schedule)	77,190	0		64,385
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	620,349	0		432,380
<b>25</b>	Contributions, gifts, grants paid	0			0
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	620,349	0		432,380
<b>27</b>	Subtract line 26 from line 12				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	154,502			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		926		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)				

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,932	58,640	58,640
	<b>2</b> Savings and temporary cash investments . . . . .		93,396	93,396
	<b>3</b> Accounts receivable ▶ <u>4,787</u> Less allowance for doubtful accounts ▶ _____		4,787	4,787
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .		11,525	11,525
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ <u>3,668,166</u> Less accumulated depreciation (attach schedule) ▶ <u>2,076,235</u>	0	1,591,931	1,591,931
<b>15</b> Other assets (describe ▶ _____)	0	257,804	257,804	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,932	2,018,083	2,018,083	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		47,988	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .		839	
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .		1,637,713	
	<b>22</b> Other liabilities (describe ▶ _____)	0	9,418	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	1,695,958	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	4,932	322,125	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	4,932	322,125		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	4,932	2,018,083		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	4,932
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	154,502
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	162,691
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	322,125
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	322,125

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	37,690	5,375	7 012093
2013	37,643	66,419	0 566750
2012	80,422	63,772	1 261086
2011	1,818,178	72,887	24 945162
2010	82,696	1,799,834	0 045946

<b>2</b> Total of line 1, column (d).	<b>2</b> 33 831037
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b> 6 766207
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b> 140,444
<b>5</b> Multiply line 4 by line 3.	<b>5</b> 950,273
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b> 9
<b>7</b> Add lines 5 and 6.	<b>7</b> 950,282
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b> 432,380

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 main rows and sub-rows (a-d) for credits. Columns include line numbers and amounts. Total amount owed is 19.

Part VII-A Statements Regarding Activities

Table with 10 rows (1a-10) and 3 columns: Question, Yes, No. Contains questions about political activities, tax returns, and assets.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ▶ <u>THERESA ROSS</u> Telephone no ▶ <u>(402) 829-9292</u> Located at ▶ <u>3300 NORTH 60TH STREET OMAHA NE</u> ZIP+4 ▶ <u>68104</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/>	<b>15</b>		
<b>16</b> At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b> During the year did the foundation (either directly or indirectly) <b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	<b>1b</b>		
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) <b>a</b> At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____	<b>2b</b>		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . .	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

**5a** During the year did the foundation pay or incur any amount to

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
*If "Yes," attach the statement required by Regulations section 53.4945-5(d)*

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
*If "Yes" to 6b, file Form 8870*

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000.  0

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**Part VIII**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0**

**Part IX-A**

**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 PROVIDING LOW-INCOME AFFORDABLE HOUSING	616,609
2	
3	
4	

**Part IX-B**

**Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . **0**

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	142,583
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	142,583
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	142,583
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	2,139
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	140,444
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	7,022

**Part XI Distributable Amount**

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	7,022
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	19
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	19
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	7,003
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	7,003
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	7,003

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	432,380
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	432,380
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	432,380

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				7,003
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .		1,815,208		
<b>c</b> From 2012. . . . .		77,233		
<b>d</b> From 2013. . . . .		34,322		
<b>e</b> From 2014. . . . .		37,421		
<b>f</b> Total of lines 3a through e. . . . .	1,964,184			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>432,380</u>				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				7,003
<b>e</b> Remaining amount distributed out of corpus	425,377			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,389,561			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	2,389,561			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .		1,815,208		
<b>b</b> Excess from 2012. . . . .		77,233		
<b>c</b> Excess from 2013. . . . .		34,322		
<b>d</b> Excess from 2014. . . . .		37,421		
<b>e</b> Excess from 2015. . . . .		425,377		

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

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**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

---

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

---

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

---

**b** The form in which applications should be submitted and information and materials they should include

---

**c** Any submission deadlines

---

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV Supplementary Information**(continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
<b>Total . . . . .</b>				<b>▶ 3a</b> 0
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b> 0





**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
ARCHBISHOP GEORGE LUCAS 3300 NORTH 60TH STREET OMAHA, NE 68104	EX OFFICIO 1 00	0	0	0
JOHN J GRIFFITH 3300 NORTH 60TH STREET OMAHA, NE 68104	EX OFFICIO & PRESIDENT 1 00	0	0	0
LINDA BUTKUS 3300 NORTH 60TH STREET OMAHA, NE 68104	VICE PRESIDENT/SECRETARY 1 00	0	0	0
THERESA ROSS 3300 NORTH 60TH STREET OMAHA, NE 68104	TREASURER 1 00	0	0	0
LEE KARRER 3300 NORTH 60TH STREET OMAHA, NE 68104	MEMBER THRU JUNE 2014 1 00	0	0	0
JAMES STOLZ 3300 NORTH 60TH STREET OMAHA, NE 68104	MEMBER SINCE JUNE 2014 1 00	0	0	0

**TY 2015 Accounting Fees Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	9,272	0		4,667

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2015 Depreciation Schedule

Name: ST JAMES MANOR INC

EIN: 23-7375883

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2000-01-28	60,000		L		0	0		
PERSONAL PROPERTY	2000-01-28	7,539	7,539	SL	7 000000000000	0	0		
BUILDING	2000-01-28	3,400,964	1,836,667	SL	27 500000000000	123,671	0		
LEASEHOLD IMPROVEMENTS	2001-05-09	14,550	7,231	SL	27 500000000000	529	0		
LEASEHOLD IMPROVEMENTS	2002-07-01	28,489	12,950	SL	27 500000000000	1,036	0		
FURNISHINGS	2002-11-01	6,890	6,890	SL	7 000000000000	0	0		
LEASEHOLD IMPROVEMENTS	2003-06-30	20,175	8,437	SL	27 500000000000	734	0		
WATER HEATER	2003-05-16	6,616	6,616	SL	7 000000000000	0	0		
ROOF IMPROVEMENTS	2005-11-01	3,500	1,167	SL	27 500000000000	127	0		
WATER HEATER	2005-08-01	931	931	SL	7 000000000000	0	0		
WATER HEATER	2005-12-05	2,126	2,126	SL	7 000000000000	0	0		
RANGE	2005-04-15	603	603	SL	7 000000000000	0	0		
REFRIGERATOR	2005-12-01	1,078	1,078	SL	7 000000000000	0	0		
IMPROVEMENTS	2004-01-01	3,934	3,934	SL	7 000000000000	0	0		
SECURITY CAMERAS	2006-10-02	5,824	5,824	SL	7 000000000000	0	0		
IMPROVEMENTS	2006-06-22	1,493	1,493	SL	7 000000000000	0	0		
REFRIGERATOR	2007-02-07	306	306	SL	7 000000000000	0	0		
REFRIGERATOR	2007-03-08	419	419	SL	7 000000000000	0	0		
RANGE	2007-03-08	308	308	SL	7 000000000000	0	0		
AC COMPRESSOR	2007-06-01	1,160	1,160	SL	7 000000000000	0	0		



Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
RANGES	2007-07-31	668	668	SL	7 000000000000	0	0		
REFRIGERATOR	2007-09-28	419	419	SL	7 000000000000	0	0		
ROOF IMPROVEMENTS	2008-07-24	3,100	724	SL	27 500000000000	113	0		
LEASEHOLD IMPROVEMENTS	2008-12-23	7,630	1,665	SL	27 500000000000	277	0		
SECURITY EQUIPMENT	2008-04-01	4,581	4,417	SL	7 000000000000	164	0		
SECURITY EQUIPMENT	2008-08-05	637	584	SL	7 000000000000	53	0		
WATER HEATER	2009-11-11	1,991	1,470	SL	7 000000000000	284	0		
LEASEHOLD IMPROVEMENTS	2009-06-02	3,915	795	SL	27 500000000000	142	0		
LEASEHOLD IMPROVEMENTS	2009-07-15	2,325	465	SL	27 500000000000	85	0		
OFFICE EQUIPMENT	2009-11-11	1,819	1,819	SL	5 000000000000	0	0		
WATER HEATER	2011-04-17	1,011	530	SL	7 000000000000	144	0		
WATER HEATER	2011-12-28	1,350	579	SL	7 000000000000	193	0		
GAS FURNACE	2012-01-27	1,445	430	SL	7 000000000000	206	0		
RETAINING WALL	2013-08-22	8,590	1,145	SL	10 000000000000	859	0		
PAINTING	2013-09-06	5,500	2,444	SL	3 000000000000	1,833	0		
ROOF	2013-10-29	17,250	2,013	SL	10 000000000000	1,725	0		
BUILDING FIXTURES	2013-09-01	39,030	10,408	SL	5 000000000000	7,806	0		

## TY 2015 General Explanation Attachment

**Name:** ST JAMES MANOR INC

**EIN:** 23-7375883

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACTIVITIES	FORM 990-PF, PART VII-A, LINE 2	<p>THERE HAVE BEEN NO CHANGES IN ANY ACTIVITIES PREVIOUSLY REPORTED OR ANY CHANGES TO ANY GOVERNING DOCUMENTS, BY-LAWS, ETC HOWEVER, ST JAMES MANOR, INC RE-AQUIRED LOW-INCOME AFFORDABLE HOUSING IN DECEMBER 1999, ST JAMES MANOR, INC , A NEBRASKA TAX EXEMPT ORGANIZATION WITH AN EXEMPT PURPOSE TO PROVIDE LOW-INCOME AFFORDABLE HOUSING, SOLD ITS LOW-INCOME AFFORDABLE HOUSING UNITS TO ST JAMES MANOR, L P , A NEBRASKA TAXABLE PARTNERSHIP, EIN 47-0819602, IN EXCHANGE FOR A NOTE RECEIVABLE AND A 0 01% PARTNERSHIP INTEREST IN ST JAMES MANOR, L P ON DECEMBER 31, 2014, ST JAMES MANOR, INC RE-AQUIRED THE LOW-INCOME AFFORDABLE HOUSING UNITS BY PURCHASING THE REMAINING 99 99% INTEREST OF ST JAMES MANOR, L P THE PURCHASE CREATED A TECHNICAL TERMINATION OF ST JAMES MANOR, L P AND THERFORE ST JAMES MANOR, L P BECAME A DISREGARDED ENTITY, SOLELY OWNED BY ST JAMES MANOR, INC ST JAMES MANOR, L P IS NO LONGER REQUIRED TO FILE INCOME TAX RETURNS FOR YEARS BEGINNING ON OR AFTER DECEMBER 31, 2014 AND ITS ACTIVITY IS NOW REPORTED BY ST JAMES MANOR, INC ON FORM 990-PF PRIOR TO THE TRANSACTION IN 1999, ST JAMES MANOR, INC QUALIFIED AS A 501(C)(3) ORGANIZATION AND HAD MET THE PUBLIC SUPPORT TEST UNDER 509(A)(2) ST JAMES MANOR CONTINUED TO MEET THE PUBLIC SUPPORT TEST UNTIL FAILING TO MEET THE PUBLIC SUPPORT TEST ON THE 2010 FORM 990, SCHEDULE A, PART III WITH THE RECENT TRANSACTION ON DECEMBER 31, 2014, ST JAMES MANOR, INC WOULD NOW MEET THE PUBLIC SUPPORT TEST ON THE 2015 FORM 990, SCHEDULE A, PART III, BUT BECAUSE OF FUTURE UNCERTAINTIES AND RELATED COSTS INVOLVED IN THE REINSTATEMENT OF PUBLIC CHARITY STATUS, MANAGEMENT HAS ELECTED TO CONTINUE FILING A FORM 990-PF</p>

**TY 2015 Land, Etc.  
Schedule**

**Name:** ST JAMES MANOR INC

**EIN:** 23-7375883

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	60,000	0	60,000	
PERSONAL PROPERTY	7,539	7,539	0	
BUILDING	3,400,964	1,960,338	1,440,626	
LEASEHOLD IMPROVEMENTS	14,550	7,760	6,790	
LEASEHOLD IMPROVEMENTS	28,489	13,986	14,503	
FURNISHINGS	6,890	6,890	0	
LEASEHOLD IMPROVEMENTS	20,175	9,171	11,004	
WATER HEATER	6,616	6,616	0	
ROOF IMPROVEMENTS	3,500	1,294	2,206	
WATER HEATER	931	931	0	
WATER HEATER	2,126	2,126	0	
RANGE	603	603	0	
REFRIGERATOR	1,078	1,078	0	
IMPROVEMENTS	3,934	3,934	0	
SECURITY CAMERAS	5,824	5,824	0	
IMPROVEMENTS	1,493	1,493	0	
REFRIGERATOR	306	306	0	
REFRIGERATOR	419	419	0	
RANGE	308	308	0	
AC COMPRESSOR	1,160	1,160	0	
RANGES	668	668	0	
REFRIGERATOR	419	419	0	
ROOF IMPROVEMENTS	3,100	837	2,263	
LEASEHOLD IMPROVEMENTS	7,630	1,942	5,688	
SECURITY EQUIPMENT	4,581	4,581	0	
SECURITY EQUIPMENT	637	637	0	
WATER HEATER	1,991	1,754	237	
LEASEHOLD IMPROVEMENTS	3,915	937	2,978	
LEASEHOLD IMPROVEMENTS	2,325	550	1,775	
OFFICE EQUIPMENT	1,819	1,819	0	

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
WATER HEATER	1,011	674	337	
WATER HEATER	1,350	772	578	
GAS FURNACE	1,445	636	809	
RETAINING WALL	8,590	2,004	6,586	
PAINTING	5,500	4,277	1,223	
ROOF	17,250	3,738	13,512	
BUILDING FIXTURES	39,030	18,214	20,816	

**TY 2015 Legal Fees Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	572	0		572

## TY 2015 Mortgages and Notes Payable Schedule

**Name:** ST JAMES MANOR INC

**EIN:** 23-7375883

**Total Mortgage Amount:**

<b>Item No.</b>	1
<b>Lender's Name</b>	CATHOLIC CHARITIES FOUNDATION
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	1,791,813
<b>Balance Due</b>	1,637,713
<b>Date of Note</b>	2009-02
<b>Maturity Date</b>	2052-10
<b>Repayment Terms</b>	PRINCIPAL AND INTEREST OF \$6,031.69 OVER 524 MONTHS
<b>Interest Rate</b>	2.920000000000
<b>Security Provided by Borrower</b>	REAL PROPERTY AND PERSONAL PROPERTY OWNED BY BORROWER.
<b>Purpose of Loan</b>	OPERATING CAPITAL AND IMPROVEMENTS FOR LOW-INCOME HOUSING
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	1791813

**TY 2015 Other Assets Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RESIDENT SECURITY DEPOSITS	0	11,065	11,065
OPERATING AND REPLACEMENT RESERVE	0	246,739	246,739

**TY 2015 Other Expenses Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE EXPENSE	24,096	0		24,096
MISCELLANEOUS EXPENSE	7,086	0		2,086
BAD DEBT	885	0		885
ADVERTISING EXPENSE	1,850	0		1,850
OFFICE EXPENSE	43,273	0		35,468



**TY 2015 Other Income Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
LOW-INCOME AFFORDABLE HOUSING RENTAL	548,561		548,561
LOAN FORGIVENESS	210,000		210,000
MISCELLANEOUS REVENUE	10		10
REFUNDS	354		354

**TY 2015 Other Increases Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

Description	Amount
EQUITY FROM AQUIRING 100% OF ST. JAMES MANOR L.P. EIN:47-0819602	162,691

**TY 2015 Other Liabilities Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
RESIDENT SECURITY DEPOSITS	0	9,418

**TY 2015 Other Professional Fees Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONTRACTED SERVICES	72,423	0		72,423
MANAGEMENT FEES	30,041	0		28,794

**TY 2015 Taxes Schedule****Name:** ST JAMES MANOR INC**EIN:** 23-7375883

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	7,562	0		7,562

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization ST JAMES MANOR INC

Employer identification number 23-7375883

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . \$

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

**Name of organization**  
ST JAMES MANOR INC

**Employer identification number**  
23-7375883

<b>Part I Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHOLIC CHARITIES FOUNDATION  3300 NORTH 60TH STREET  OMAHA, NE 68104	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

**Name of organization**  
ST JAMES MANOR INC

**Employer identification number**

23-7375883

**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____



**Name of organization**  
ST JAMES MANOR INC

**Employer identification number**

23-7375883

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	