\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

232001 12-13-22

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

A F	or the	2022 calendar year, or tax year beginning and e	ending					
В	Check if	C Name of organization		D Employer identific	cation number			
	Addre	SIENA FRANCIS HOUSE						
E	Name chang	[ 전문 H 180 - 61		47-06010	05			
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	1401 N 18TH ST		(402) 343	1-1821			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ .	11,205,301.			
	Amend	OMAHA, NE 68102		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: HINDA INOMES		for subordinates	? Yes X No			
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
J	Vebsit	e: WWW.SIENAFRANCIS.ORG		H(c) Group exemption	n number			
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1977 N	1 State of legal domicile: NE			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: CARE	AND S	UPPORT FOR T	THE			
Activities & Governance		HOMELESS.						
'na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	15			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15			
တို	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	127			
/itie	6	Total number of volunteers (estimate if necessary)		6	1880			
Ċţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		11,341,144.	10,074,430.			
Revenue	9	Program service revenue (Part VIII, line 2g)		108,343.	0. 225,007.			
eve	10		estment income (Part VIII, column (A), lines 3, 4, and 7d)					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13,473.	75,146.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,436,014.	10,374,583.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,518,919.	3,581,315.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,770,202.	4,834,287.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) 1,344,79	92.					
ய	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,885,745.	4,065,481.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,174,866.	12,481,083.			
	19	Revenue less expenses. Subtract line 18 from line 12		-738,852.	-2,106,500.			
5			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		39,171,081.	36,747,570.			
Asa	21	Total liabilities (Part X, line 26)		1,363,810.	1,486,206.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		37,807,271.	35,261,364.			
Pa	art II	Signature Block						
		lties of periury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer					
		genda momes	_		-2023			
Sig	n	Signature of officer		Date				
Her	e	LINDA TWOMEY, EXECUTIVE DIRECTOR						
_		Type or print name and title			T BTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		MEGAN L. KOZIOL, CPA MEGAN L. KOZIOL,	, CPA 1	0/31/23 self-employ				
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN 4	5-0250958			
Use	Only	Firm's address 18081 BURT ST STE 200						
_		OMAHA, NE 68022-4722		Phone no. <b>4</b> 0	2-330-2660			
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE SIENA FRANCIS HOUSE WELCOMES, SHELTERS AND EMPOWERS INDIVIDUALS
	EXPERIENCING HOMELESSNESS TO NAVIGATE THEIR PATH TO HOUSING.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 10,342,272 . including grants of \$ 3,581,315 . ) (Revenue \$ 102,141 . )
4a	(Code:) (Expenses \$
	RELATED SERVICES TO FAMILIES AND INDIVIDUALS FROM OUR OMAHA COMMUNITY
	WHO FIND THEMSELVES HOMELESS, AND IN NEED OF ASSISTANCE. ALL SERVICES
	ARE PROVIDED AT NO COST. THE CURRENT PROGRAMS INCLUDE: SHELTER - THE
	ORGANIZATION PROVIDES EMERGENCY, OVERNIGHT SHELTER TO THE HOMELESS.
	FOOD - THE ORGANIZATION SERVES FOOD (UP TO THREE MEALS EACH DAY) TO THE
	POOR AND HOMELESS. ADDICTION RECOVERY - THE ORGANIZATION OFFERS AN
	IN-PATIENT, ADDICTION RECOVERY PROGRAM FOR THE HOMELESS. THIS PROGRAM
	MENTAL HEALTH SERVICES TO THOSE HOMELESS MEN AND WOMEN WISHING TO TAKE
	THIS MAJOR LIFE STEP.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
	0
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
_	10 3/2 272

Form 990 (2022) SIENA FRANCI
Part IV Checklist of Required Schedules

	,	_	Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8		8		Х
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ľ
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	3 24		
• •	as applicable.	- 115		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a		14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.75		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	(2000)
		_	- LULIA	10000

Form	990 (2022) SIENA FRANCIS HOUSE 47-0001	.005	P	age -
Pa	rt IV Checklist of Required Schedules (continued)			0.00
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
	Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.5		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
00	Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1000	1200	199
20	instructions for applicable filing thresholds, conditions, and exceptions):		113	
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	71 15		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_	114	115
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	B A	1000

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13a 13b 15c 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		ý (V		Yes	No
by it aliest one is reported on line 2a, and the organization file all required federal employment tax returns?  30 Dd the organization have uncluded business goos income of \$1,000 or more during the year?  41 A vary time outing the calendar year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bard account, securities account, or other financial account)?  42 A vary time outing the calendar year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bard account, securities account, or other financial accounts (FBAR).  53 Was the organization and are of the foreign country  54 See instructions for filing requirements for FinCNForm 114, Report of Foreign Bank and Financial Accounts (FBAR).  55 Was the organization appray to a prohibitotid tax shelfor transaction at any time during the tax year?  56 I Very to line 5a or 5b, did the organization file Form 88817?  58 Was the organization have amount agrees meepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable combitutions.  59 If "Yes," did the organization include with every solicitation an appress statement that such contributions or gifts were not tax deductible?  60 If the organization relative apprend in excess of 55 made sarry as a conflict on and partly for goods and services provided?  70 If the organization solicity the core of the value of the goods or services provided?  71 If "Yes," did the organization nordify the dorr of the value of the goods or services provided?  72 If the organization of the plant of the value of the goods or services provided?  73 If the organization of the good of the value of the goods or services provided?  75 If the organization of the good of the plant of the goods or services provided?  76 If the organization of the good of the good of the good of the organization of the good	2a	105			
Sa   X   b   If Yes, * has it field a Form S00 Tor this year? If Yes, * to surprise an explanation on Schodule O   38   b   If Yes, * has it field a Form S00 Tor this year? If Yes, * to surprise an explanation on Schodule O   38   c   A ray time during the calendary are, and the organization have an interest in, or a significant or or other authority own, a financial account in a foreign country guest as a bark account, securities account, or other financial accounts (FBAR).  See the organization family to perhibited tax schotter transaction at any time during the tax year?  See instructions for filing requirements for FinCCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa   X   b   Did any taxable party notify the organization that It was or is a party to a prohibited tax schotter transaction?  Se   If Yes Y to line fa or Sh, did the organization that It was or is a party to a prohibited tax schotter transaction or any contributions that ever not tax deductible as charitable contributions?  Se   If Yes Y to line fa or Sh, did the organization file form 8886 T9  Organization that may receive deductible as charitable contributions under section 170(c).  If the organization receive a payment in axess of ST made party as a contribution or organization receive a payment in axess of ST made party as a contribution or organization for the organization receive any funds, directly or indirectly, or pay promiums on a personal benefit contract?  To   X    If the organization receive any funds, directly or indirectly, or apusoral benefit contract?  To   X    If the organization receive a contribution of qualified intellectual property, did the organization free form 8889 as required?  If the organization received a contribution of qualified intellectual organization free form 889 as required?  To   X    If the organization received a contribution of qualified intellectual organization flow organization make any tractile distributions under section 4986?  Section 501(C) and qualified morphore that inter		mod for the secondary year change many for the secondary for the s	000	v	100
b   F Ves, "has thilled a Form 9807 for this year? If Wo 1 o line 36, provide an explanation on Schedule O 44 All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or their insancial accounts? Securities account or their insancial accounts? Securities account or their insancial accounts? Securities account, or their insancial accounts (FBAR).  55 Was the organization a party to a prohibibited tax shotter transaction at any time during the tax year?  56 Us any toxello party norify the arganization that it was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party to a prohibited tax shotter than 114 was or is a party and than 114 was or is a party to a party and than 114 was or is a party to a party and than 114 was or is a party and than 114 was or is a party to a party and than 114 was or is a party and than 114 was or is a party to a party and than 114 was or is a party to a party to a party and than 114 was or is a party to a p	b			<u> </u>	37
48 A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in orieign country (such as a bank account, socurities account, or other financial accounts?  5					_^_
financial account in a foreign country (such as a bank account, socialities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibitor tax shefter transaction at any time during the tax year?  53			3b	-	
b If "Yes," enter the name of the foreign country  see enstructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b Was the organization have annual gross raceipts that are normally greater than \$100,000, and did the organization is foreign 8898-17.  6c John the filing of the organization is foreign 8898-17.  6d John the organization have annual gross raceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d John the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  6d If "Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  7d If the organization self expression include with every solicitation are express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," inclease the number of Forms 8282 filed during the year contribution of a most of the value of the goods on services provided?  7d If "Yes," inclease the number of Forms 8282 filed during the year.  9d If the organization received an contribution of qualified intellectual property, did the organization file a Form 1088-07 to 10 bit the reginalization, during the year, pay promittines, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received an contribution of qualified intellectual property, did the organization file a Form 1088-07 to 10 bit the organization file organization file organization file organization file organization file organization file	4a				v
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	17	,	17		
		If "Yes," complete Form 6069.	201		

Form 990 (2022) SIENA FRANCIS HOUSE 4.7-U6U1UU5 Page
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				******	X
Sec	tion A. Governing Body and Management				_	
			FG .	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			20	1	100
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			3.1	1	
b	Enter the number of voting members included on line 1a, above, who are independent	1b_	1	5		12 N
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	J.F.		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision	1		
	of officers, directors, trustees, or key employees to a management company or other person?			3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?	(41-00)-900		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	G. E.K		10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		***************************************	101		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	118	X	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			13	8 50	100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	arrana.		12		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	121	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," c	lescribe			
	on Schedule O how this was done			12		
13	Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?	******		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent	100		135
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			di E		1000
а	The organization's CEO, Executive Director, or top management official		a	15	x X	
b	Other officers or key employees of the organization	13 - 10 G F		15		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	ith a	13.5		100
	taxable entity during the year?			16	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation	: 30	1	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's		93.	13.
_	exempt status with respect to such arrangements?	*******		16	X	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (section 501(c)(	3)s onl	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records			
	JOHN BENDON - 402-341-1821					
	1401 N 18TH ST, OMAHA, NE 68102					

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

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

#### 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related o	orga	niza	tion	con	pen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	-		(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		than c	ne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week	_	cer an	dad	recto	r/trust	ee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	93			aled		organization	(W-2/1099-MISC/	from the
	related	stee	truste		စ္တ	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations	Jal tru	onal		ploye	r com		1099-NEC)		organizations
	below line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA TWOMEY	39.00	_=_	=	0	×	工品	포			
EXECUTIVE DIRECTOR	1.00			х				193,507.	0.	38,167.
(2) TIMOTHY SULLY	39.00									
DEVELOPMENT DIRECTOR (THRU 5/22)	1.00					Х		126,757.	0.	2,376.
(3) L. CHRIS KNAUF	39.00									
CHIEF DEVELOPMENT OFFICER (THRU 10/2	1.00					X		124,250.	0.	4,255.
(4) MICHELLE BOBIER	39.00									
CHIEF PROGRAM OFFICER	1.00	_				Х		104,168.	0.	13,407.
(5) JOHN BENDON	39.00							100 604		44 04 0
DIRECTOR OF FINANCE/CONTROLLER	1.00	_		X		_		102,624.	0.	11,217.
(6) PHILLIP WEBB	1.00									
PRESIDENT	0.20	X		X		_		0.	0.	0.
(7) CARY WARD	1.00								_	
VICE PRESIDENT	0.20	X		X				0.	0.	0.
(8) LIZ MAZZOTTA	1.00							_	_	_
SECRETARY	0.20	X		X			_	0.	0.	0.
(9) AMY BOUCHARD	1.00								_	_
TREASURER	0.20	X		X				0.	0	0,
(10) ROXANA CORTES-MILLS	1.00	1								_
DIRECTOR	0.20	X						0.	0.	0 🔹
(11) TIM DUNNING	1.00									_
DIRECTOR	0.20	X					_	0.	0.	0.
(12) MARK FOXALL	1.00							2.7	_	_
DIRECTOR	0.20	X						0.	0.	0.
(13) MIKE FINDLEY	1.00								_	_
DIRECTOR	0.20	X	_		_	_		0.	0.	0.
(14) DANIEL HASSING	1.00	1							_	_
DIRECTOR	0.20	X	_		<u> </u>	-		0.	0.	0.
(15) ANN O'CONNER	1.00									
DIRECTOR	0.20	X	<u> </u>	L	<u> </u>	-	_	0.	0.	0.
(16) DAVE NAUMANN	1.00	١			1	1				
DIRECTOR	0.20		+-		-	-	_	0.	0.	0.
(17) DONALD NEAL, JR.	1.00							_	_	_
DIRECTOR	0.20	ΙX	1		_		_	0.	0.	0 .

Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	_			
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do	not ch	Posi heck r			one	Reportable	Reportable	-1		imate	
	hours per	box	, unles cer an	ss per	son i	s both	an	compensation	compensation			ount o	of
	week	-	Cer all	u a u	16010	I I I I I	(66)	from	from related	-		other	tion
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC/	. [		oensa om the	
	related	0 or d	aal			saled		(W-2/1099-MISC/	1099-NEC)	- 1		nizati	
	organizations	rusle	nstitutional truslee		99	ngu		1099-NEC)	10001120)		_	relate	
	below	dual	noutr	_	mploy	st co	- i				orga	nizatio	ons
	line)	Individual trustee or director	nstiti	Officer	Key er	Highest compensaled employee	Former						
(18) JEREMIAH NEAL	1.00												
DIRECTOR	0.20	X						0.	0				0.
(19) HECTOR RIVERA	1.00												
DIRECTOR	0.20	X						0,	0				0.
(20) JO WILLIAMS	1.00												
DIRECTOR	0.20	X						0.0	0				0.
(21) VIV EWING	1.00												
DIRECTOR (THRU 1/22)	0.20	X	ļ,					0.	0	١. ا			0.
(22) CRAIG LEFLER	1.00												
DIRECTOR (THRU 1/22)	0.20	X						0.	0	١. ١			0.
		4											
		$\vdash$	$\vdash$	H		┝				+			
		1_											
		-	H		_	-				$\dashv$			
		1											
1b Subtotal								651,306.		).	6.9	9,4	
c Total from continuation sheets to Par								0.		) .			0.
d Total (add lines 1b and 1c)								651,306.		).	6:	9,4	<u>22.</u>
2 Total number of individuals (including b	ut not limited to th	nose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				5
compensation from the organization					_	_				_	$\neg$	Yes	No
3 Did the organization list any former off	icer director trust	tee i	kev e	-mnl	love	e o	hic	nhest compensated emp	lovee on	Γ	1000	1111	SCHOOL STREET
line 1a? If "Yes," complete Schedule J										. [	3		х
4 For any individual listed on line 1a, is the										" j		XI,	Dia -
and related organizations greater than											4	Х	
5 Did any person listed on line 1a receive													1000
rendered to the organization? If "Yes."										[	5		Х
Section B. Independent Contractors	complete School		VI SI	district to	24/3	250.1.							
Complete this table for your five highes	t compensated in	depe	ende	nt co	ontr	acto	rs tl	hat received more than S	\$100,000 of comper	nsat	ion fro	om .	
the organization. Report compensation													
(A)								(B)			(0		
Name and busin		N	ONI	Ξ				Description of s	services	C	ompe	nsatio	n
							_			_			
O Tabel manufacture of the day	finalization but	0.04.11	pp :4 -	d +-	+b -	ne li	nt c -	t aboug) who received =	ore than	2		135	F & 1
2 Total number of independent contractor		101 11	mite	u (O		se II: O	siec	above) who received m	iore triair				

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contains a response of	r note to any line	in this Part VIII		************	
				<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
				Total Tevende	function revenue	business revenue	from tax under
			320 703				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	329,793.				
g a		Membership dues 1b	30 704				10 to
ts,	c		30,704.				
흝	C	400000000000000000000000000000000000000	076 560				
s,ij	e	Government grants (contributions)	976,560.		The ask is		
e g	f	All other contributions, gifts, grants, and	0 727 272				
<sub>ế</sub> 월		similar amounts not included above 1f	8,737,373. 3,577,313.				
Pon	9	<b></b>	3,377,313.	10,074,430.			
Oa	<u> </u>	Total. Add lines 1a-1f	Business Code	10,071,130.			
.	2 a	,	Dadwidde Caus				
<u>.</u> ĕ	Z a						-
ie Se							
E S							
Program Service Revenue	-	· · · · · · · · · · · · · · · · · · ·					
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f			G William Name of	100000000000000000000000000000000000000	
	3	Investment income (including dividends, interes					
		other similar amounts)		160,782.			160,782.
- 1	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
- 1		(i) Real	(ii) Personal		State of the state of the	S. Andrew	
	6 a	Gross rents 6a			The second of the	The region	
	Ŀ	Less: rental expenses 6b					
	c			FIDE STREET		S. S. Brennin	
- 1	C	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
- 1		assets other than inventory 7a 749,709.	118,239.				
	k	Less: cost or other basis	440.007				
- E		and sales expenses 76 661,716.	142,007.				
Revenue		Gain or (loss) 7c 87,993.	-23,768.	64,225.		E STEEL STEEL	64,225.
		Net gain or (loss)		04,223.	De Notice and All		04,225.
ther	8 8	a Gross income from fundraising events (not			RALE OF THE REAL PROPERTY.		
ੵ		including \$ 30,704. of	l l				
		contributions reported on line 1c). See Part IV, line 18	0.				
		Less: direct expenses 8b	26,995.				
		Net income or (loss) from fundraising events		-26,995.			-26,995.
		Gross income from gaming activities. See			i gillegy alaysa		RU DIVA
	- •	Part IV, line 19			THE PARTY OF		
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns				The second	
		and allowances 10a					BIN STATE
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
" l			Business Code			V EI NEEL IN	
o ii	11 a	MANAGEMENT FEE INCOME	541610	102,141.	102,141.		
ane	1						
Miscellaneous Revenue	(	9,					
Mis	•	d All other revenue		100 414			ASSESS SHIP E
		Total. Add lines 11a-11d		102,141.			100 010
	12	Total revenue. See instructions		10,374,583.	102,141,	. 0,	198,012.

## Form 990 (2022) SIENA FRANCIS Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,581,315.	3,581,315.	Title decreases	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	245 545	60 500	050 046	02 167
	trustees, and key employees	345,515.	69,502.	252,846.	23,167.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 610 071	0.000.064	251 202	F20 004
7	Other salaries and wages	3,619,971.	2,839,864.	251,203.	528,904.
8	Pension plan accruals and contributions (include	EE 100	1E 22E	1,491.	8,362.
	section 401(k) and 403(b) employer contributions)	55,188.	45,335.	39,957.	75,979.
9	Other employee benefits	525,132. 288,481.	409,196.	34,618.	40,387.
10	Payroll taxes	200,401.	213,470.	34,010.	40,307.
11	Fees for services (nonemployees):				
	Management	14,030.	10,382.	1,684.	1,964.
b	Legal	66,109.	48,921.	7,933.	9,255.
	Accounting	00,109.	40,721.	7,555.	3,2331
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	14,464.	SISAINSANIHILISA	14,464.	
f a	Other. (If line 11g amount exceeds 10% of line 25,	11,1011			
g	column (A), amount, list line 11g expenses on Sch 0.)	78,284.	57,930.	9,394.	10,960.
12	Advertising and promotion	,	0.7555	-,	
13	Office expenses	168,381.	124,602.	20,206.	23,573.
14	Information technology	126,911.	93,914.	15,229.	17,768.
15	Royalties				
16	Occupancy	930,927.	801,893.	58,182.	70,852.
17	Travel	46,523.	45,559.	445.	519.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,743.	5,730.	929.	1,084.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,729,604.	1,608,532.	51,888.	69,184.
23	Insurance	157,320.	116,417.	18,878.	22,025.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	432,858.			432,858.
a	FUNDRAISING/OMAHA SHELT PROGRAM SUPPLIES	200,163.	200,163.		432,030.
b	MISCELLANEOUS EXPENSES	61,509.	39,703.	14,295.	7,511.
С	COVID-19 EXPENSES	27,511.	27,511.	14,433.	7,311.
d		3,144.	2,327.	377.	440.
	All other expenses  Total functional expenses. Add lines 1 through 24e	12,481,083.	10,342,272.	794,019.	1,344,792.
25	Joint costs. Complete this line only if the organization	TETAOTIOO1.	10,342,212.	, J = , U ± J +	2,011,1021
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22004	12-13-22		11		Form <b>990</b> (2022)

#### Part X | Balance Sheet

Pa	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		······································	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,510,669.	1	1,605,869.
	2	Savings and temporary cash investments	5,359,054.	2	747,429.
	3	Pledges and grants receivable, net	462,823.	3	206,797
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
N.	7	Notes and loans receivable, net	1,694,104.	7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges	103,989.	9	32,027
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 32,731,139.		19 s	
	ь	Less: accumulated depreciation 10b 7,265,932.	27,217,099.	10c	25,465,207
	11	Investments - publicly traded securities		11	4,669,017
	12	Investments - other securities. See Part IV, line 11	1,497,580.	12	
	13	Investments - program-related. See Part IV, line 11	296.	13	368
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,325,467.	15	4,020,856
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,171,081.	16	36,747,570
	17	Accounts payable and accrued expenses	880,205.	17	669,581
	18	Grants payable		18	
	19	Deferred revenue		19	103,835
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ņ	22	Loans and other payables to any current or former officer, director,		200	
<u>=</u>		trustee, key employee, creator or founder, substantial contributor, or 35%			Milkon St., Chap
Liabilities		controlled entity or family member of any of these persons		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	400,000.	24	400,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	02.605		210 700
		of Schedule D			312,790
	26	Total liabilities. Add lines 17 through 25	1,363,810.	26	1,486,206
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.	25 120 020		22 666 202
<u>a</u>	27	Net assets without donor restrictions	35,138,030.		32,666,303
ñ	28	Net assets with donor restrictions	2,669,241.	28	2,595,061
5		Organizations that do not follow FASB ASC 958, check here	The late Martin		
Ī		and complete lines 29 through 33.	AND THE RESERVE OF THE PARTY OF	136	
S	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	27 007 071	31	25 261 264
Š	32	Total net assets or fund balances	37,807,271.	32	35,261,364
	33	Total liabilities and net assets/fund balances	39,171,081.	33	36,747,570

Form 990 (2022)

	rt XI Reconciliation of Net Assets		91		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,48		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,80		
5	Net unrealized gains (losses) on investments	5	-43	9,4	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	35,26	1,3	64.
Pa	rt XII Financial Statements and Reporting				process.
	Check if Schedule O contains a response or note to any line in this Part XII			_	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		S. IN
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	10.350	10.5	(Dirt
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	10.3	> V0	
	separate basis, consolidated basis, or both:			ATTE	
	Separate basis Consolidated basis Both consolidated and separate basis				3
b	Were the organization's financial statements audited by an independent accountant?		2b	X	1000000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			100
	consolidated basis, or both:		13.0	15	75.5
	Separate basis			19/10	Calling.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			\ <sub>37</sub>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		9.5	DENIE C
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			7.7	1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			l v	
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0000

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 47-0601005 SIENA FRANCIS HOUSE Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) 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 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization No Yes above (see instructions))

## Schedule A (Form 990) 2022 SIENA FRANCIS HOUSE 47-0601 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and		2 7				
	membership fees received. (Do not						
	include any "unusual grants.")	29846654.	15865459.	13027506.	11341144.	10074430.	80155193.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	×					
	Total. Add lines 1 through 3	29846654.	15865459.	13027506.	11341144.	10074430.	80155193.
	The portion of total contributions			S. S. W. W.	NEW LOUIS		
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				Market St.		
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						1734171.
6	Public support. Subtract line 5 from line 4.				ERALDIO I		78421022.
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	29846654	15865459.	13027506.	11341144.	10074430.	80155193.
	Gross income from interest,	22010011					
J	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	67,590.	100 861.	116.970.	106.085.	160.782.	552,288.
۵	Net income from unrelated business	0.73301	100,0011	220/3/00	200,000		1001/0001
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	10.	495.	39,585.		102.141.	142,231.
11	Total support. Add lines 7 through 10					Magail - I - III	80849712.
	Gross receipts from related activities,	etc (see instruction	one)			12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
10	organization, check this box and sto						
Sec	tion C. Computation of Publ						***************************************
_	Public support percentage for 2022 (			column (fl)	athle contributed (the decomposition of the charge about 1)	14	97.00 %
	Public support percentage from 2021					15	97.17 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the		-				***************************************
~	and stop here. The organization qua						
172							
174	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test	•			-		
ט	more, and if the organization meets the						. , 5 / 5 / 5 .
	organization meets the facts-and-circ				· ·		
10	Private foundation. If the organization						18
10	rivate ioungation. If the organization	on alla not check a	DOX OF HIRE 13, 10	a, 100, 17a, 01 171	o, oriect this box a		/Form 000) 2022

## Schedule A (Form 990) 2022 SIENA FRANCIS HOUSE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						-
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	inone under section E12						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	****** (* **						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				ļ		<u> </u>
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			100 100			
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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			1			
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)				<del></del>		
	Total support. (Add lines 9, 10c, 11, and 12.)			f		-01/-\/0\i==ti	ļ <u> </u>
14	First 5 years. If the Form 990 is for the						on,
50	check this box and stop here ction C. Computation of Publi	ic Support Day					
_				- alvess (6)		45	0/
	Public support percentage for 2022 (I		•			15	%
	Public support percentage from 2021 etion D. Computation of Invest			*****************	******************	16	%
				. 10 1 (0)		147	0/
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	7:
198	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	· ·	-				
k	33 1/3% support tests - 2021. If the	_					
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

(	Yes	No
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10b e A (For		<u> </u>

r ai	Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		113	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	200		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		705	200
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		1 2	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		14-3	W ve
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			and i
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		201	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1000	4	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			n y
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		153	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed		130	14111
	the supported organization(s).	_ 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	III S	14 17	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- 18		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	i i e c		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		THE N	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	Pint.		31
	significant voice in the organization's investment policies and in directing the use of the organization's		100	8 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			Internal
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			7 B R
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			History
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	TX 2		1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20,20		1
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	100	1,51	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		DE S	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			Sala
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		180	135
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	The state of the s			70
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Organi		7-0001003 Page
Par				2
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI). See instructions
_	All other Type III non-functionally integrated supporting organizations mus	st complete s		(B) Current Year
ecti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	(158) B		Para de de Vina
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	1000		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	A TOWNS OF THE A	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

instructions).

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin	ued)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3		Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pr		5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2022	ons	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6		Estate and E.			
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.				Man Liberts	
3	Excess distributions carryover, if any, to 2022			2700		
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years			ī		
h	Applied to 2022 distributable amount			TE A-H		
i	Carryover from 2017 not applied (see instructions)					
í	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			Y ( E Z )		
4	Distributions for 2022 from Section D,	CONTROL DE TENTRE	The state of the s	1 31.8	Marian and Vici	
	line 7:					
а	Applied to underdistributions of prior years			- 6		
	Applied to 2022 distributable amount			30-11		
С	Remainder, Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if			0		
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h	TSUS WAX LEVEL	San William San Edit	U Telle Si		
-	and 4b from line 1. For result greater than zero, explain in			1 18		
	Part VI. See instructions.	ELSIN PATELLA				
7	Excess distributions carryover to 2023. Add lines 3j			NE DE		
•	and 4c.					
8	Breakdown of line 7:		rate of the residence			
	Excess from 2018				THE THE REST	
	Excess from 2019				YE SERVER TO BE	
	Excess from 2020	A STATE OF THE STA	reason of the second	0 11		
	Excess from 2021	The same of the same	New York Street		THE THE RESERVEN	
	Excess from 2022	ASJERSK BAR	Name of the Party	W =0		

Schedule A (Form 990) 2022

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

**Employer identification number** 

SIE	NA FRANCIS HOUSE	47-0601005	
Organization type (check one)			
Filers of: S	ection:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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		
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.	
General Rule			
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling e contributor. Complete Parts I and II. See instructions for determining a contributor's		
Special Rules			
sections 509(a)(1) and contributor, during the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and e year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1. Complete Parts I and II.	that received from any one	
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a e year, total contributions of more than \$1,000 exclusively for religious, charitable, sci Il purposes, or for the prevention of cruelty to children or animals. Complete Parts I (el stead of the contributor name and address), II, and III.	entific,	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			
answer "No" on Part IV, line 2,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, equirements of Schedule B (Form 990).		

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

Employer identification number

#### SIENA FRANCIS HOUSE

47-0601005

Part I	Contributors (see instructions), Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$310,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$29,793.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$389,694.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

#### SIENA FRANCIS HOUSE

47-0601005

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$210,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

#### SIENA FRANCIS HOUSE

47-0601005

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	aditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	815 SHARES OF BERKSHIRE B		
		\$\$	12/31/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	8
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

SIENA	FRANCIS HOUSE			47-0601005			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	prough (e) and the following line entr	v For organizations				
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp	ritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. o	nce.) \$			
(a) No.	Ose duplicate copies of Part III II additional sp	ace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Parti							
		-					
- 1		(e) Transfer of gift					
		(4)					
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
	· ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I	(b) i dipose oi giit	(5, 555 5. g	(4, 230.				
			:				
	<u> </u>						
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
ŀ	Transferee's name, address, and	1 ZIP + 4	nelationship of tra	risier or to transferee			
	•						
(a) No.			105				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	vi						
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee			
	<del>}</del>						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Parti							
	;=====================================						
		·					
Ì	(e) Transfer of gift						
	(e) transier of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee			
Ì			***************************************				
	v========						

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

**Supplemental Financial Statements** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	SIENA FRANCIS HOUSE		47-0601005
Par			ls or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	D, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) 🔲 Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	the organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Start and volunteer riours devoted to morntoning, inspecting,	manding of violations, and emorating of	Shock validit dasaments daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
•	, who are or experience mounted in morning, interpretaining, many	ing or notations, and otherwing contest	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	=
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemer	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	n furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement ar	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on 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 treatment		cial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining Co	ollections of Art,	Historical Trea	asures, or Otl	her Sim	ilar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other records,	check any of the fo	ollowing that mak	e significa	ant use of it	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exch	ange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain l	how they further the	e organization's e	xempt pu	irpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other sim	ilar asset	S		
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's coll	ection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Complet	e if the organization	answered "Yes"	on Form	990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other assets r	not include	ed		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
d	Additions during the year			,		1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	provided on Part	XIII			
Par	t V Endowment Funds. Complete in	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, li				
		(a) Current year	(b) Prior year	(c) Two years bad	k (d) Th	ree years ba	ck (e) Four	years back
1a	Beginning of year balance	960,051.	909,956.	844,39	2.	747,94	7.	790,216.
b	Contributions							
С	Net investment earnings, gains, and losses	-138,658.	98,075.	106,33	6.	136,34	8.	-36,381.
d	Grants or scholarships	43,202.	40,949.	34,56	1.	33,65	8.	
е	Other expenditures for facilities							
	and programs		(					
f	Administrative expenses	5,971.	7,031.	6,21	1.	6,24	5.	5,888.
g	End of year balance	772,220.	960,051.	909,95	6	844,39	2.	747,947.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.0000	%					
b	Permanent endowment100	%						
С	Term endowment0000	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered fo	or the		-	
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the		ment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, line 1	0.		
	Description of property	(a) Cost or ot	her (b) Cost	or other (	c) Accum	ulated	(d) Book	value
		basis (investm		(other)	deprecia	ation		
1a	Land	***		5,312.				312.
b	Buildings		28,31	1,468.	5,867	,355.	22,444	,113.
С	Leasehold improvements							
d	Equipment				1,322			719.
е	Other	***	45	9,987.	75	,924.		,063.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	(, column (B), line 1	Oc.)			25,465	,207.

Schedule D (Form 990) 2022 SIENA FRANC	IS HOUSE	47	-0601005 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			a dry ministration
Part IX Other Assets.	E 000 D 111/15	111 0 - 5 000 Dat V Har 15	
Complete if the organization answered "Yes"		Tra. See Form 990, Part X, line 15,	(b) Book value
	Description		1,985,002.
(1) BENEFICIAL INTEREST IN ASS	PELS HEPD		1,723,064.
(2) INTERCOMPANY RECEIVABLE (3) OPERATING LEASE ROU ASSET			312,790.
			312,750.
(5)			
(7)			
(8)			
(9)	161		4,020,856.
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	113.)		1,020,0300
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			312,790.
(3)			
(4)			

(5) (6) (7) (8) 312,790. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022 SIENA FRANCIS HOUSE	47-0601005 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	- P. 11
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	4-1
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	1111111
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	por riotariii
	1
<ul><li>1 Total expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>	122.122
1 5 1	1
b Prior year adjustments 2b	HQ.E
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	103-144
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	/, line 4; Part X, line 2; Part XI,
PART V, LINE 4:	
THE SIENA FRANCIS HOUSE ENDOWMENT FUND IS HELD BY OMAHA CO	OMMUNITY
FOUNDATION (OCF), AN UNRELATED ORGANIZATION. THE PRINCIPAL	OF THE FUND
SHALL BE HELD IN PERPETUITY BY OCF, AND ANY DISTRIBUTIONS	IN EXCESS OF THE
ANNUAL ENDOWMENT SPENDING PERCENTAGE OF THE FUND MAY BE MA	ADE TO SIENA
FRANCIS HOUSE IN ANY YEAR AS DETERMINED BY THE OCF BOARD.	THESE
DISTRIBUTIONS SHALL BE USED FOR SUPPORT OF THE CHARITABLE	OR EDUCATIONAL
PURPOSES OF THE SIENA FRANCIS HOUSE.	
PART X, LINE 2:	
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE ORGANI	TOAMTON HAD NO

TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES

Schedule D (Form 550) 2022 BIHMI I Tuttle D 1100BI
Part XIII Supplemental Information (continued)
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT AVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE
ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED.

#### **SCHEDULE G** (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

SIENA F	RANCIS HOUSE				47-0601	005	
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part							
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Path of "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	Yes		
(i) Name and address of individual or entity (fundraiser)							
		Yes	No				
k							
<b>8</b> 2							
Total	n .						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			or has been notified	I I it is exempt from re	gistration	

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e		s greater than \$5,000.		
			(a) Event #1 HOPE 5K RUN AND WALK	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
nue								
Revenue	1	Gross receipts	30,704.			30,704.		
ů.	2	Less: Contributions	30,704.			30,704.		
	3	Gross income (line 1 minus line 2)						
-		, , , , , , , , , , , , , , , , , , , ,						
	4	Cash prizes						
	5	Noncash prizes	233.			233.		
Direct Expenses	6	Rent/facility costs	500.			500.		
rect Ex	7	Food and beverages	562.			562.		
Ö	8	Entertainment						
	9	Other direct expenses	25,700.			25,700.		
	10	Direct expense summary. Add lines 4 through	9 in column (d)		(42,742,442,444,444,444,444,444,444,444,4	26,995. -26,995.		
	11 Net income summary. Subtract line 10 from line 3, column (d)							
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than			
-		\$15,000 on Form 990-EZ, line 6a.		(I-) Dull tabe/instant	I.	(A) Total coming (add		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue								
ä	1	Gross revenue						
	2	Cash prizes						
ses	-	***************************************						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
		***************************************		i No	III NO			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		***************************************			
0	En	ter the state(s) in which the organization condu	icts gaming activities:					
		the organization licensed to conduct gaming a	_			Yes No		
		No," explain:						
		1920						
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		

Sch	edule G (Form 990) 2022 SIENA FRANCIS HOUSE 47-	OPOT	.005	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	8	1	
а	The organization's facility	13a	_	%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
			Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		168	140
	If IIV a II automble a great of agree in a great part by the average sties.			
D	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	daming manager information.			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	221	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
		_		
_				
_				
_				

Schedule G	(Form 990)	SIENA FRANCIS	HOUSE	47-0601005 Page 4
Part IV	Supplemental Info	SIENA FRANCIS mation (continued)		^
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-				
-				
-				

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

LO CO	Open to Public
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Inspection

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

% ⊠ Schedule I (Form 990) 2022 Employer identification number 47-0601005 (h) Purpose of grant or assistance ∏ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table SIENA FRANCIS HOUSE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part

SIENA FRANCIS HOUSE

Page 2

47-0601005

Schedule I (Form 990) 2022 SIENA FRANCIS H(

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed.

Part III

(f) Description of noncash assistance LICENSES, TRANSPORTATION, AND SIRTH CERTIFICATES, DRIVER'S CLOTHING AND HOUSEHOLD GOODS INCLUDING FURNITURE AND THER MISCELLANEOUS APPLIANCES) ASSISTANCE. MEALS (e) Method of valuation (book, FMV, appraisal, other) MARKET VALUE OF DONATED BASED ON ESTIMATE FAIR VALUE OF DONATED FOOD STIMATED FAIR MARKET 134, 703, ASSISTANCE PROVIDED VALUATION OF ITEMS URCHASED FOOD & ACTUAL VALUE OF ACTUAL VALUE OF Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. O. STIPENDS 2,348,830, GOODS 1,018,497. (d) Amount of non-cash assistance 0 0 0 79,285. (c) Amount of cash grant 2800 192 (b) Number of recipients 3029 400 CLOTHING AND HOUSEHOLD GOODS (INCLUDING FURNITURE (a) Type of grant or assistance OTHER ASSISTANCE AND APPLIANCES) STIPENDS MEALS

232102 10-31-22

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SIENA FRANCIS HOUSE Part I Questions Regarding Compensation

Employer identification number 47-0601005

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	ALC:	4 3 8
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel  Housing allowance or residence for personal use	150	1
	Travel for companions Payments for business use of personal residence	1	1.500
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	1 15	9 14
		100	1.3.10
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		I I S
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
	and onlock, make my the dest excellent process, regularly the norms are the second of		703
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		1
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract		Tike.
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations  X Approval by the board or compensation committee		Service.
	Tomis 330 of other organizations	1	1000
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
-	organization or a related organization:		
_			Х
a h	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
	Participate in or receive payment from an equity-based compensation arrangement?		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Tes to any or lines 44.0, list the persons and provide the applicable amounts for each term are in-		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1 2
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		- PANA
	contingent on the revenues of:		
-	The organization?		Х
	Any related organization?		Х
D	If "Yes" on line 5a or 5b, describe in Part III.		1 150
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
٠	contingent on the net earnings of:	10	1
9	The organization?		Х
h	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
•	not described on lines 5 and 6? If "Yes," describe in Part III		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		103
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		100
3	Regulations section 53.4958-6(c)?		
_	riogulations section 55.7550 o(c):		

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

Schedule J (Form 990) 2022

Page 2

SIENA FRANCIS HOUSE Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(F) Compensation in column (B)	reported as deferred on prior Form 990	.0	0																															Schedule J (Form 990) 2022
(E) Total of columns (B)(i)-(D)		231,674.	0																															Schedu
(D) Nontaxable benefits		33,208.	0																		ų.													
(C) Retirement and other deferred	compensation	4,959.	0.																															
(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(iii) Other reportable compensation		0.																															
V-2 and/or 1099-MIS compensation	(ii) Bonus & incentive compensation	40,000.																																
(B) Breakdown of V	(i) Base compensation	153,507.	0																															
		Ξ		€		0	(E)	Ξ	<b>E</b>	€	Ξ	€	€	Ξ	€	€	€	€	: €	Ξ	: <u>E</u>	€	(1)	0	(ii)	ε	: <u>(</u>	€	: <b>(</b>	€	Œ	Ξ	Ξ	
	(A) Name and Title	(1) LINDA TWOMEY	EXECUTIVE DIRECTOR		X																													

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2022 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SIENA FRANCIS HOUSE

Employer identification number 47-0601005

Par	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution		<b>(d)</b> f determini	na	
		Check if applicable	contributions or	amounts reported on	noncash cont			i
		прриодою	items contributed	Form 990, Part VIII, line 1	3			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		Machine March					
5	Clothing and household goods	X			. ESTIMATED	FMV		
6	Cars and other vehicles	X	1	9,853	. ESTIMATED	FMV		
7	Boats and planes							
8	Intellectual property						_	
9	Securities · Publicly traded	X	11	292,860	.AVG HI-LO	VALUE	<u>:                                    </u>	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		16 110	005 770	DED HOOD	DONTA III	- T	7 N. T.
19	Food inventory	Х	16,440	925,770	PER FOOD	DONATI	SD /	/AL
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						_	_
24	Archeological artifacts				-			
25	Other ()				-			
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement 29		7		<b>**</b> ***
							Yes	No
30a	During the year, did the organization receive by					1778	(7.3)	
	must hold for at least 3 years from the date of t							v
	exempt purposes for the entire holding period?					30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p					31	X	_
32a	Does the organization hire or use third parties of	or related o	rganizations to soli	cit, process, or sell noncas	h			37
	contributions?			o-concom-no		32a	2	X
b	If "Yes," describe in Part II.					100	W.	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is ch	iecked,	2 . 1		V Gr
	describe in Part II,							

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

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

Name of the organization

SIENA FRANCIS HOUSE

Employer identification number 47-0601005

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: WE INTRODUCED THE SIENA FRANCIS HOUSE MEDICAL RESPITE PROGRAM IN 2022. THIS PROGRAM IS A COLLABORATION WITH CHARLES DREW HEALTH CENTER, FEDERALLY QUALIFIED HEALTH CENTER, TO OFFER CARE FOR MEDICALLY FRAGILE INDIVIDUALS IN AN EFFORT TO REDUCE THE NUMBER OF ER VISITS OR HOSPITAL READMISSIONS BY INDIVIDUALS WHO ARE EXPERIENCING HOMELESSNESS BUT NEED CONVALESCENCE UNTIL THEY CAN RESUME SHELTER LIFE.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONDUCTS THE BUSINESS OF THE CORPRATION BETWEEN MEETINGS OF THE BOARD. THE COMMITTEE DETERMINES THE AGENDA FOR THE MEETINGS OF THE CORPORATION. THE DUTIES OF EACH COMMITTEE SHALL BE AS DIRECTED BY THE BOARD FROM TIME OR TIME OR AS SET FORTH IN THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 8B:

EACH COMMITTEE DOCUMENTS ITS OWN AFFAIRS, TAKES NOTES, AND PRESENTS ITS TOGETHER WITH ANY WRITTEN DOCUMENTATION, AS APPROPRIATE, TO THE BOARD OF DIRECTORS AT GENERAL MEETINGS.

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

EACH MEMBER OF THE SIENA FRANCIS HOUSE BOARD OF DIRECTORS IS PROVIDED A COPY OF FORM 990 FOR HIS OR HER REVIEW PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE. MEMBERS ARE ENCOURAGED TO BRING ANY QUESTIONS OR CONCERNS THEY MAY HAVE TO THE EXECUTIVE DIRECTOR AND/OR THE BOARD TREASURER.

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

ALL OFFICERS, DIRECTORS & KEY EMPLOYEES ARE REQUIRED TO SIGN AN ANNUAL

STATEMENT ACKNOWLEDGING RECEIPT OF THE CONFLICT OF INTEREST POLICY AND LIST

ANY DISCLOSURES NECESSARY. THESE STATEMENTS ARE PRESENTED TO THE BOARD OR

EXECUTIVE COMMITTEE FOR THEIR REVIEW. ANY DIRECTOR HAVING A CONFLICT OF

INTEREST SHALL DISCLOSE THE CONFLICT TO THE BOARD AND, ETHICALLY HANDLE THE

ACTUAL OR APPARENT CONFLICT IN A MATTER THAT DOES NOT CAUSE HARM OR

SCRUTINY TO SIENA FRANCIS HOUSE.

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

AN ANNUAL REVIEW OF THE SIENA FRANCIS HOUSE EXECUTIVE DIRECTOR IS CONDUCTED

BY THE CHAIR OF THE SIENA FRANCIS HOUSE BOARD OF DIRECTORS TOGETHER WITH

THE SECRETARY OF THE SIENA FRANCIS HOUSE BOARD OF DIRECTORS. THEIR FINDINGS

ARE BROUGHT TO THE ATTENTION OF THE ENTIRE SIENA FRANCIS HOUSE BOARD OF

DIRECTORS FOR DISCUSSION AND ACTION, AS APPROPRIATE. IN 2022, THE EXECUTIVE

DIRECTOR'S PERFORMANCE WAS BASED ON 1) ORGANIZATIONAL LEADERSHIP, 2)

OVERALL FISCAL PERFORMANCE, 3) FUND RAISING PERFORMANCE, 4) HOW WELL THE

SIENA FRANCIS HOUSE DELIVERED SERVICES TO HOMELESS WOMEN AND MEN, AND 5)

PEER COMPENSATION.

OTHER OFFICERS SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AT THE TIME
OF HIRE.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST. COPIES OF THE FINANCIAL STATEMENTS

ARE AVAILABLE ON THE ORGANIZATION'S PUBLIC WEBSITE.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

2022

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 352, SIENA FRANCIS HOUSE Direct controlling 464, SIENA FRANCIS HOUSE 47-0601005 entity End-of-year assets <u>e</u> -36. 0 Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, Legal domicile (state or foreign country) VEBRASKA NEBRASKA Primary activity 68102 PROPERTY MANAGEMENT 68102 PROPERTY MANAGEMENT 9 FRANCIS HOUSE

46-0933461, 1401 N 18TH ST, OMAHA, NE

SIENA FRANCIS GENERAL PARTNER LLC

Name, address, and EIN (if applicable)

of disregarded entity

SIENA

Name of the organization

Part !

85-3942516, 1401 N 18TH ST, OMAHA, NE

1528 N. 16TH MANAGING MEMBER LLC

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

1)	controlled	ty?	No					Ì	
(g	contro	entr	Yes						
( <del>)</del>	Direct controlling	entity							
(e)	Public charity	status (if section	501(c)(3))						
	(D)	section							
(0)	Legal domicile (state or	foreign country)							
(p)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

Schedule R (Form 990) 2022

47-0601005

Page 2

SIENA FRANCIS HOUSE

Schedule R (Form 990) 2022

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

(e)	(a)	(0)	(b)	(e)		£	(b)	£	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionale allocations?  Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner? Yes No
SIENA FRANCIS HOUSE PERMANENT SUPPORTIVE HOUSING LP - 45-3770863, 1401 N 18TH ST, OMAHA, NE 68102	PERMANENT SUPPORTIVE HOUSING	E Z	SIENA FRANCIS GENERAL PARTNER LLC	RELATED		- 36.	242.	×	N/A	×	. 018
. 16T 18TH	LOW INCOME HOUSING	NE	1528 N. 16TH MANAGING MEMBER, LLC	RELATED		0.	352.	×	N/A	×	018
	:					) 		1	7		2
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable a orporation or trust durin	is a Corpo	or Trust.	omplete if the	e organization	answered "Yes	" on Form 990,	Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	d one or r	ore related
(a) Name, address, and EIN of related organization	OO CO	Prir	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section Section 512(b)(13) controlled entity?

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ated organizations listed ir	Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
<b>b</b> Gift grant or capital contribution to related organization(s)				dt X
				1c X
				>
d Loans or loan guarantees to or for related organization(s)	***************************************			+
e Loans or loan guarantees by related organization(s)		***************************************		1e X
from related organization(s)				# X
		医乳状虫 医风热 发发点 安全市 化异苯甲酰胺 医医性中毒性中毒毒素 经净净的净净 医医疗 法自己	医多种球菌 医电压试验 经存储 医克耳氏试验 医牙状细胞 医多种细胞 医皮肤细胞 医皮肤细胞 医皮肤细胞 医皮肤细胞 医皮肤 医乳腺性 医皮肤 医皮肤 医皮肤性	
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				1
i Exchange of assets with related organization(s)	0.000	***************************************		ii X
j Lease of facilities, equipment, or other assets to related organization(s)				1 X
Manual entering (Mark)				
k Lease of facilities, equipment, or other assets from related organization(s)				* X
퓵	ınization(s)			- 
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities equipment mailing lists, or other assets with related organization(s)	on(s)			1n X
Charing of paid employees with related organization(s)				10 X
- Deimburgament anid to related arganization(c) for expenses				To X
				×
q Reimbursement paid by related organization(s) for expenses	***************************************			+
				÷
Other transfer of cash of property to related organization(s)		***************************************		┝
s Other transfer of cash or property from related organization(s)	idt atalamaa tarma ad	a beauton anibulani anil a	alationshine and transaction thresholds	
2 If the answer to any of the above is "Yes," see the instructions for information on wr	no must complete tris	line, including covered in	nation on who must complete this line; including covered relationships and mansaction these lones.	
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	t involved
(1)				
ତି				
(3)				
(4)				
(5)				
(6)				
232163 09-14-22			Schec	Schedule R (Form 990) 2022

47-0601005

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Schedule R (Form 990) 2022 SIENA FRANCIS HOUSE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

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

(k) ercentage wnership				Schedule R (Form 990) 2022	
(j) neral or P naging c irtner?					5
Gene General 1 par Ves				le B	
(h) (i) (j) (k)    Code V-UBI   General or Percentage   Indianalic   I				Sched	
(h) spropor- tionate scalions?					
olls Dis					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec. 501(c)(3) ords.?					
Predominant income related, sections from tax under excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	this form, visit www.irs.gov/e-file-providers/e-file-for-chari		·	details on ti	le electronic	
Auton	natic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMICs	, and trusts	
must us	se Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification	number (TIN)
print	SIENA FRANCIS HOUSE				47-060	1005
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.			
return, See instruction		oreign add	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	90-T (corporation)	07		10 0 X		
Tele	books are in the care of ▶ 1401 N 18TH ST  phone No. ▶ 402-341-1821  e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  I if it is for part of the group, check this box ▶	s in the Un Group Exe	Fax No. ited States, check this box	. If this is fo	r the whole gr	roup, check this
th	request an automatic 6-month extension of time until	anization's	nd ending	ile the exem	#	on return for
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	a enter the	tentative tax less			
	any nonrefundable credits. See instructions.	o, onto the	tornative tany 1000	3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and	50		
	estimated tax payments made. Include any prior year overp			3b	s	0.
_	Balance due. Subtract line 3b from line 3a. Include your pa					
	using EETPS (Flectronic Federal Tax Payment System), Sec	•		3c	s	0 •

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions.