		PUBLIC DISCLOSURE COPY - STATE REGIST			-						
	Ω	Return of Organization Exempt Fi	rom lı	ncome Tax	OMB No. 1545-0047						
Forr		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundation	s) 2019						
		Do not enter social security numbers on this form as	s it may b	e made public.	Open to Public						
Intern	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and t			Inspection						
<u>A</u> F	or th	e 2019 calendar year, or tax year beginning $ { m JUL}1,2019$ and e	ending J	<u>UN 30, 2020</u>							
Вс	heck if pplicab	C Name of organization		D Employer identific	ation number						
a		CATHOLIC COMMUNITY FOUNDATION									
	Addre										
Name change Doing business as 41-1744184											
	returr		Room/suite	E Telephone number							
	Final return		00	651-389-0							
	termii ated ∖Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	115,151,174.						
	returr	SI. PAOL, MN 55114		H(a) Is this a group re							
	Appli tion pendi	F Name and address of principal officer: ANNE COLLEN MILLER		for subordinates							
	-	SAME AS C ABOVE		H(b) Are all subordinates in							
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) or	r 🔝 527	1 '	ist. (see instructions)						
		te: ► WWW.CCF-MN.ORG		H(c) Group exemption							
	orm o Irt I	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1992 N	State of legal domicile: MN						
Fa				TINNOTATIN	, mite						
e	1	Briefly describe the organization's mission or most significant activities: <u>TO SU</u>	PPORT								
Governance	_	SPIRITUAL, EDUCATIONAL AND SOCIAL NEEDS OF									
ern	2	Check this box		1.1	ets. 24						
20	3				24						
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>24</u> 19						
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			30						
Activities &	0 7-	Total number of volunteers (estimate if necessary)			-832,299.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.000						
	D			Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		23,582,467.	28,282,648.						
ne	9			1,100,770.	1,163,665.						
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,454,208.	6,407,535.						
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,137,445.	35,853,848.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,625,756.	18,008,181.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,886,354.	2,076,486.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	9.								
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,138,120.	2,155,115.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,650,230.	22,239,782.						
	19	Revenue less expenses. Subtract line 18 from line 12		19,487,215.	13,614,066.						
or			Be	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		77,915,332.	386,711,687.						
Ase	21	Total liabilities (Part X, line 26)		01,873,855.	207,160,188.						
-Net	22	Net assets or fund balances. Subtract line 21 from line 20	1	76,041,477.	179,551,499.						
	rt II	Signature Block									
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is						
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.							
Sigr	ı	Signature of officer		Date							
Her	е	ANNE CULLEN MILLER, PRESIDENT									

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	KIMBERLY ANDERSON, CPA	KIMBERLY ANDERSON,	C 12/11/20 self-employed P00188889							
Preparer	Firm's name CLIFTONLARSONALL	EN LLP	Firm's EIN ▶ 41-0746749							
Use Only	Firm's address 8215 GREENWAY BO	ULEVARD, SUITE 600								
	MIDDLETON, WI 53	562	Phone no. 608-662-8600							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
			- 000 (*****							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	CATHOLIC COMMUNITY FOUNDATION
Form	990 (2019) OF MINNESOTA 41-1744184 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA IS TO
	SUPPORT FINANCIALLY THE SPIRITUAL, EDUCATIONAL, AND SOCIAL NEEDS OF
	OUR CATHOLIC COMMUNITY.
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?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 18,357,310. including grants of \$ 18,008,181.) (Revenue \$ 1,163,665.)
4a	(Code:) (Expenses \$18,357,310. including grants of \$18,008,181.) (Revenue \$1,163,665.) THE FOUNDATION INSPIRES CATHOLIC PHILANTHROPY AND INVESTS, MANAGES, AND
	DISTRIBUTES CHARITABLE ASSETS AS GUIDED BY OUR DONORS AND OUR CATHOLIC
	IDENTITY.
	THE FOUNDATION FACILITATES PLANNED AND CURRENT GIFTS TO ENDOWMENTS AND
	DONOR ADVISED FUNDS WHICH FINANCIALLY SUPPORT NEEDS IN OUR CATHOLIC
	COMMUNITY. IN THE PAST YEAR, OVER 900 CATHOLIC PARISHES, SCHOOLS AND
	OTHER ORGANIZATIONS BENEFITED FROM NEARLY 3,200 GRANTS FROM THE
	FOUNDATION, TOTALING \$18.0M.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2019)
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	2

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Form 990 (2019) OF MINNESOTA
Part IV Checklist of Required Schedules

OF MINNESOTA

41-1744184	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
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	Х	<u> </u>
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	Х	<u> </u>
с	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	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L
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Form **990** (2019)

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Form	990 (2019) OF MINNESOTA 41-1744	184	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
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%			_
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	├──
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 22	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
u		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
07	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 in Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990	(2019
	4			

Form	990 (2019) OF MINNESOTA 41-1744	184	P	age 5		
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			-		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 19					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c	Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 2					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8		X		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		X		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	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.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	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.	40				
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>				
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	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 13b					
	Enter the amount of reserves on hand 13c	44-		X		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v		
	excess parachute payment(s) during the year?	15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

932005 01-20-20

Form 990 (2019) OF MINNESOTA

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.

			24	_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	24						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		24						
	Enter the number of voting members included on line 1a, above, who are independent	1b	24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
	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 99			1		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X X			
6	Did the organization have members or stockholders?								
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?		7	a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or							
	persons other than the governing body?		7	b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	· · · · · · · · · · · · · · · · · · ·			a	Х				
b	Each committee with authority to act on behalf of the governing body?		8	b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O)		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue Code.)							
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10)a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	n? 1 -	la	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	2a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	2b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe							
	in Schedule O how this was done		12	2c	Х				
13	Did the organization have a written whistleblower policy?		1	3	Х				
14	Did the organization have a written document retention and destruction policy?		1	4	Х				
15	Did the process for determining compensation of the following persons include a review and approval	by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		1:	5a	Х				
b	Other officers or key employees of the organization		15	ōb	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a							
	taxable entity during the year?		10	6a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's							
	exempt status with respect to such arrangements?		16	6b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow \mathrm{MN}$, FL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 50 ⁻	1(c)(3)s or	nly) a	availal	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	y, and fin	anc	ial				
	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 boo	ks and records							
	ANNE CULLEN MILLER - (651) 389-0300								
	2610 UNIVERSITY AVENUE WEST, SUITE 500, ST. PAUL, M	N 55114							
	· · · ·					(201			

CATHOLIC COMMUNITY FOUNDATION		
Form 990 (2019) OF MINNESOTA	41-1744184	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization's	tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid.	egardless of amount of compensa	ation.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do	hot ch		tion		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son is	s both	an	compensation	compensation	amount of
	week			Jaun	recto	i/uus	ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	ndividual trustee or director	nstitutional trustee	-	Key employee	sst co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) MARJORIE MATHISON-HANCE	2.00									
DIRECTOR		Х						0.	0.	0.
(2) KATE WENGER	2.00									
DIRECTOR		Х						0.	0.	0.
(3) KATHY COONEY	2.00									
DIRECTOR		Х						0.	0.	0.
(4) LARRY MCGOUGH	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MARIE PILLAI	2.00									
DIRECTOR		Х						0.	0.	0.
(6) REVEREND CHARLES LACHOWITZER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MIMI DALY LARSON	2.00									_
DIRECTOR		Х						0.	0.	0.
(8) JULIE GEREND	2.00									-
DIRECTOR		Х						0.	0.	0.
(9) STEVE LENTZ	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) THOMAS A. LETSCHER	2.00								•	•
DIRECTOR		Х						0.	0.	0.
(11) THOMAS E. GAINOR	2.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(12) THOMAS MCCARR	2.00	37		.,				•	0	0
TREASURER (13) JULIE K. HURLEY	2.00	Х		X				0.	0.	0.
VICE CHAIR	2.00	х		x				0.	0.	0.
(14) WILLIAM FAULKNER	2.00	Λ		^				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(15) THOMAS MERTENS	2.00	~						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(16) GREG MELSEN	2.00	Δ						0.	0.	0.
SECRETARY	2.00	х		x				0.	0.	0.
(17) GEORGE C. LANG	2.00	- 22						0.	0.	<u> </u>
DIRECTOR		х						0.	0.	0.
932007 01-20-20	1	- 22				I		0.	0.	Form 990 (2019)
JJ2007 01-20-20				_						(2019)

OF MINNESOTA 41-1744184 Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the Highest compensated related (W-2/1099-MISC) nstitutional trustee organization organizations ey employee and related below mployee organizations ormer Officer line) (18) FRANK FORSBERG 2.00 DIRECTOR Х 0. 0. 0. (19) EMERY KOENIG 2.00 х 0. 0. 0. DIRECTOR (20) ELIZABETH KEYES 2.00 DIRECTOR х 0 0. 0. (21) NANCY UTOFT 2.00 DIRECTOR х 0. 0. 0. (22) MIKE FELMLEE 2.00 DIRECTOR Х 0. 0. 0. 2.00 (23) DOUG MILROY DIRECTOR х 0. 0. 0. (24) DAVID HEINSCH 2.00 Х 0. 0. 0. DIRECTOR (25) ARCHBISHOP BERNARD HEBDA 1.00 0. Х Х 0. 0. CHAIR (26) JANE WYATT 2.00 DIRECTOR х 0 0. 0. 0. 0. 0. 1b Subtotal ► 854,785. 0. 105,032. c Total from continuation sheets to Part VII, Section A 854,785. 0. 105,032. Total (add lines 1b and 1c) d Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 2 5 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on з Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 х rendered to the organization? If "Yes." complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARTISAN PARTNERS, 875 EAST WISCONSIN AVE,		
STE 800, MILWAUKEE, WI 53202	INVESTMENT MANAGER	222,794.
U.S. BANK INSTITUTIONAL TRUST & CUSTODY		
60 LIVINGSTON AVENUE, ST. PAUL, MN 55107	CUSTODIAL FEES	219,924.
LCG ASSOCIATES, 400 GALLERIA PARKWAY		
#1800, ATLANTA, GA 30339	INVESTMENT ADVISOR	168,058.
ROTHSCHILD ASSET MANAGEMENT, 1251 AVENUE		
OF THE AMERICAS 34TH FLOOR, NEW YORK, NY	INVESTMENT MANAGER	137,400.
NUVEEN ASSET MANAGEMENT LLC		
25604 NETWORK PLACE, CHICAGO, IL 60673-1256	INVESTMENT MANAGER	120,228.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		
SEE PART VII, SECTION A CONTINUATION SHI	ZETS	Form 990 (2019)
932008 01-20-20		

CATHOLIC Form 990 OF MINNE	SOTA								41-174	4184
		nplo	yee			ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) JOHN C. BEUERLEIN DIRECTOR	2.00	x						0.	0.	0.
(28) ANNE CULLEN MILLER	40.00								•••	
PRESIDENT				x				294,980.	0.	16,670.
(29) CHRISTOPHER NELSON	40.00									
VP OF DEVELOPMENT & DONOR	40.00			X				167,187.	0.	16,084.
(30) CASEY J SCOTT VP OF FINANCE AND ADMINISTRATION	40.00	•		x				146,127.	0.	34,829.
(31) MIKE RICCI DIRECTOR - PROFESSIONAL OUTREACH	40.00					x		144,965.	0.	30,471.
(32) BILL MARSELLA	40.00							144,505.	0.	50,471.
DIRECTOR OF PARTER RELATIONS						x		101,526.	0.	6,978.
Total to Part VII, Section A, line 1c	•							854,785.		105,032.

932201 04-01-19 CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

			2019) OF MINNESOTA				41-1744	184 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any line		(5)	(C)	
					(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
Grants mounts	1	а	Federated campaigns 1a					
, Grant mount		b	Membership dues 1b					
₹ Ame		с	Fundraising events 1c					
ar /		d	Related organizations 11					
s, G		е	Government grants (contributions) 1e					
Sion			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	28,282,648.				
Contributions, Gifts, and Other Similar Ar		g	Noncash contributions included in lines 1a-1f	8,328,992.				
Cor		-	Total. Add lines 1a-1f		28,282,648.			
				Business Code				
đ	2	а	MANAGEMENT FEES	541900	1,163,665.	1,163,665.		
vice	~	b			, , .	, , -		
Program Service Revenue		c						
ver ver		d						
gra Re								
ro		e 4	All other program convice revenue					
-			All other program service revenue		1,163,665.			
	_	g	Total. Add lines 2a-2f		1,105,005.			
	3		Investment income (including dividends, intere-		5 406 383		-832,299.	6 239 692
			other similar amounts)		5,406,383.		-052,299.	6,238,682.
	4		Income from investment of tax-exempt bond p	1				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	•				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 80, 298, 478.					
		b	Less: cost or other basis					
anı			and sales expenses					
evenue		с	Gain or (loss)					
Re		d	Net gain or (loss)	🕨	1,001,152.			1,001,152.
Other Re	8	а	Gross income from fundraising events (not					
Ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b	,				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		-	and allowances 10					
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
		0		Business Code				
sn	44	~		Suchess Code				
oer ue	11							
sellaneo evenue		b						
Miscellaneous Revenue		C						
Mi			All other revenue					
	L		Total. Add lines 11a-11d		25 052 040	1 162 665	030.000	7 220 924
	12		Total revenue. See instructions	▶	35,853,848.	1,163,665.	-832,299.	7,239,834.
93200	9 01	-20-	20					Form 990 (2019)

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Form 990 (2019) OF MINNESOTA 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).

3001	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	experiees
	and domestic governments. See Part IV, line 21	18,008,181.	18,008,181.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	916,461.	119,140.	339,090.	458,231.
6	Compensation not included above to disqualified				· · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	851,521.	125,642.	351,385.	374,494.
8	Pension plan accruals and contributions (include			·	
	section 401(k) and 403(b) employer contributions)	107,289.	15,373.	43,162.	<u>48,754.</u> <u>44,348.</u>
9	Other employee benefits	98,905.	14,345.	43,162. 40,212.	44,348.
10	Payroll taxes	102,310.	14,226.	40,104.	47,980.
11	Fees for services (nonemployees):				
а	Management				
	Legal	13,651.		5,313.	8,338.
	Accounting	47,572.		47,572.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,469,976.		1,469,976.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	60,978.	8,583.	23,448.	<u>28,947.</u> 191,805.
12	Advertising and promotion	191,805.			
13	Office expenses	64,801.	9,121.	24,918.	30,762.
14	Information technology	106,774.	15,028.	41,058.	50,688.
15	Royalties				
16	Occupancy	117,342.	16,516.	45,122.	55,704.
17	Travel	4,879.	687.	1,876.	2,316.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	3,963.	558.	1,524.	1,881.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,481.	2,179.	5,953.	7,349.
23	Insurance				
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.)				
а	DUES & MEMBERSHIPS	35,435.	4,987.	13,626.	16,822.
b		-	-	-	
с					
d					
	All other expenses	22,458.	2,744.	8,794.	10,920.
25	Total functional expenses. Add lines 1 through 24e	22,239,782.	18,357,310.	2,503,133.	1,379,339.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01.20-20				Eorm 990 (2019)

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Form **990** (2019)

CATHOLIC	COMMUNITY	FOUNDATION
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Form 990 (2019)
Part X Balance Sheet

1 41		Check if Schedule O contains a response or note to	any line in th	is Part X			
			sany inc in th	ait A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,430,877.	1	2,039,262
	2	Savings and temporary cash investments	10,043,319.	2	11,705,937		
	3	Pledges and grants receivable, net	2,424,595.	3	1,580,849		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
	Ŭ	trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
Assets	Ŭ	under section 4958(f)(1)), and persons described in				6	
	7	Notes and loans receivable, net				7	50,947
	8	Inventories for sale or use				8	
	9				226,246.	9	402,044
		Land, buildings, and equipment: cost or other	·····			5	101,011
	104	basis. Complete Part VI of Schedule D1	0.9	174,182.			
	h		0b	74,110.	63,328.	10c	100,072
	11	Investments - publicly traded securities			286,937,558.	11	276,877,906
	12	Investments - other securities. See Part IV, line 11			72,064,020.	12	89,126,593
	13	Investments - program-related. See Part IV, line 11		925,455.	13	950,891	
	14	Intangible assets			52371331	14	550,051
	15	Other assets. See Part IV, line 11		3,799,934.	15	3,877,186	
	16	Total assets. Add lines 1 through 15 (must equal li			377,915,332.	16	386,711,687
	17	Accounts payable and accrued expenses			754,755.	17	868,330
	18	Grants payable and accrucit expenses	639,000.	18	657,500		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par			148,069,573.	21	148,338,852
	22	Loans and other payables to any current or former			110,000,000,000	21	110,000,001
Liabilities	LL	trustee, key employee, creator or founder, substant					
bili		controlled entity or family member of any of these p				22	
Lia	23	Secured mortgages and notes payable to unrelated				23	269,900
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17					
		of Schedule D	<i>,</i> .		52,410,527.	25	57,025,606
	26	Total liabilities. Add lines 17 through 25			201,873,855.	26	207,160,188
		Organizations that follow FASB ASC 958, check	here 🕨 🛛		,,		,,,,
es		and complete lines 27, 28, 32, and 33.		_			
nc	27				52,812,338.	27	52,851,099
Bala	28	Net assets with donor restrictions			123,229,139.	28	126,700,400
Б Б		Organizations that do not follow FASB ASC 958,					
Fur		and complete lines 29 through 33.		-			
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incon				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			176,041,477.	32	179,551,499
Z	33	Total liabilities and net assets/fund balances			377,915,332.	33	386,711,687
			<u></u>		,		Form 990 (2019

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CATHOLIC	COMMUNITY	FOUNDATION
OF MINNES	SOTA	

	990 (2019) OF MINNESOTA	41-	1744	184	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,853		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,239		
3	Revenue less expenses. Subtract line 2 from line 1	3		,614		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,041		
5	Net unrealized gains (losses) on investments	5	-2	, 315	5,8	91.
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	-7	,788	3,1	53.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	179	,551	L,49	99.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
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				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			_
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2019)

932012 01-20-20

SC	HE	DULE A		Dublic Cha	rity Status an	d Duk	lia Si	innort		OMB No. 1545-0047
(Fo	rm 99	90 or 990-EZ)			rity Status an					2010
			0	494	47(a)(1) nonexempt cha	ritable tru	st.			2013
		of the Treasury nue Service	•		Attach to Form 990 or F //Form990 for instruction			formation		Open to Public Inspection
Nan	ne of	the organization			NITY FOUNDAT		ie intest ii		Employer	identification number
		-	OF M	IINNESOTA					4	1-1744184
Pa	rt I	Reason f	or Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	.	
The	orgar	ization is not a	private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2	Ц	A school deso	ribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	님	•	•		anization described in se					
4			-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,
5		city, and state	-	or the benefit of a col	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ad in
5				Complete Part II.)		r or operat	cu by a go			
6		-			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			U U	ntial part of its support fr			. ,	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)		-				
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	l research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university o	r a non-land-(grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					ct to certain exceptions, (less section 511 tax) fro					-
				mplete Part III.)			ses acqui			
11	\square			-	vely to test for public sat	fetv. See	section 50)9(a)(4).		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ugh 12d that	describes the type or	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	pporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		¬ ~		complete Part IV, Se						
b				-	or controlled in connect			-		-
			•	st complete Part IV,	anization vested in the sa	ame perso	ns that co	itroi or manag	je trie supp	Joned
с		¬ ~	. ,	•	g organization operated	in connect	tion with. a	and functional	lv integrate	d with.
-		_ ,,	-). You must complete I		,		.,	a ,
d		Type III noi	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not f	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
	_	requiremen	: (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е					written determination from			Туре I, Туре	I, Type III	
_					nally integrated supporting	ng organiz	ation.			[]
Ť		er the number of the following		0	d arganization(a)					
<u> </u>		(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
										<u> </u>
Tota	al									
LHA	For I	Paperwork Re	duction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 OF MINNESOTA

Part II

41-1744184 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13764026.	28372666.	28748536.	23582467.	28282648.	122750343
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						
4	Total. Add lines 1 through 3	13764026.	28372666.	28748536.	23582467.	28282648.	122750343
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27064582.
6	Public support. Subtract line 5 from line 4.						95685761.
See	ction B. Total Support		r	1	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	13764026.	28372666.	28748536.	23582467.	28282648.	122750343
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1541354.	1725027.	4819195.	6137177.	6238682.	20461435.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		21,926.				21,926.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						142022004
	Total support. Add lines 7 through 10						143233704
	Gross receipts from related activities,	•	,			· · · · ·	,234,973.
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Se	organization, check this box and sto ction C. Computation of Publi	^{p here} ic Support Per	centage				
	Public support percentage for 2019 (olumn (f))		14	66.80 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	<u>67.34</u> %
16 a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior				X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	1ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or [.]	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ►
					Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 OF MINNESOTA 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	<u></u>				<u></u>	
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	019 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	-	-				▶∟
b 33 1/3% support tests - 2018. 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	9a, or 19b, check t			
932023 09-25-19		16	5	Sch	edule A (Form 99	0 or 990-EZ) 2019

^{2019.05010} CATHOLIC COMMUNITY FOUNDA 053-0291

Schedule A (Form 990 or 990-EZ) 2019 OF MINNESOTA

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in 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 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.)

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9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

Sche	dule A (Form 990 or 990-EZ) 2019 OF MINNESOTA	41-174418	4 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) 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 directors or trustees were allocated among the 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). 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		100	110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 ins	structions).		
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 government enti	ty (see instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		00.10
932025	5 09-25-19 Schedule	A (Form 990 or 99	9U-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 OF MINNESOTA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990 EZ) 2019 OF MINNESOTA			1-1744184	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	1	
<u>Secti</u>	on D - Distributions			Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	1			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributab Amount for 2	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
	From 2015				
с	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
J	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2018				
e	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	CATHOLIC COMMUNITY FOUNDATION		
Schedule A	(Form 990 or 990-EZ) 2019 OF MINNESOTA	41-1744184	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	ı C,
932028 09-25-	19 Sched	ule A (Form 990 or 990-	EZ) 2019
	21		, _0 10

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service					
Name of the organization					

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

CATHOLIC	COMMUNITY	FOUNDATION
OF MINNES	SOTA	

41-1744184

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

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

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

Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2019)
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Name of organization

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Employer identification number

41-1744184

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$2,936,049.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 1,231,914.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,248,092.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,006,474.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$623,271.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>6</u>	Name, address, and ZIP + 4	Total contributions \$628,974.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13131211 131839 053-029835-00

Schedule B (Form 990	, 990-EZ, oi	r 990-PF)	(2019)
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Name of organization

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Employer identification number

41 - 1744184

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$ <u>700,000.</u>	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		
8		\$ <u>1,400,923</u> .	PersonXPayrollImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$ <u>1,100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 673,355.	Type of contribution Person X Payroll		
(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.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

13131211 131839 053-029835-00

-	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page 3
Name of or	GANIZATION		Employ	yer identification number
	INESOTA		41	-1744184
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
4	3505 SHRS INTEL CORP, 47839 SHRS HARTFORD SCHROEDERS US MIDCAP, 539 SHRS WALGREENS BOOTS ALLIANCE			
		\$1,006,4	74.	12/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	1200 SHRS OF ISHARES GLOBAL INDUSTRIALS, 1000 SHRS US BANCORP, 907 SHRS TOTAL SA, 570 SHRS DELUXE CO			
		\$430,9	74.	08/28/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
8	13198 SHRS BANK OF AMERICA CORP, 1356 SHRS PENNANT GROUP, 1256 SHRS TETRA TECH, 361 SHRS CASEY'S GEN			
		\$673,9	23.	12/17/19
(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
		\$		

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	ganization JIC COMMUNITY FOUNDATIO)N	Employer identification number			
OF MIN	INESOTA		41-1744184			
Part III	from any one contributor. Complete columns	(a) through (e) and the following line e , charitable, etc., contributions of \$1,000 of	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	lift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
923454 11-06-			Schedule B (Form 990, 990-EZ, or 990-PF) (2019			

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13131211 131839 053-029835-00

(Forn	HEDULE D 1 990)	Complete if the organization of the organizati	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	nent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspection
Nam	e of the organization	on CATHOLIC COMMUNITY OF MINNESOTA	FOUNDATION		identification number $1-1744184$
Par	t I Organiza		d Funds or Other Similar Funds or Ac		
		n answered "Yes" on Form 990, Part IV, lin			
				b) Funds and	d other accounts
1	Total number at er	nd of year	315	-	
2		f contributions to (during year)	14,039,167.		
3		f grants from (during year)	11,437,167.		
4		t end of year	42,681,494.		
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised fund	s	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		X Yes No
6	•	c	dvisors in writing that grant funds can be used or		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng	
Der					X Yes No
Par			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	· · · · ·		
		of land for public use (for example, recrea	, <u> </u>	•	
		f natural habitat	Preservation of a certif	ied historic	structure
•		of open space			
2	•	• •	ied conservation contribution in the form of a con		
•	day of the tax year		·	2a	at the End of the Tax Year
a b				2a 2b	
c	•		ucture included in (a)	20 2c	
d			after 7/25/06, and not on a historic structure	20	
				2d	
3			eased, extinguished, or terminated by the organiz		the tax
	year 🕨				
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatior	n easements	during the year
	▶				
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements duri	ng the year
	►\$				
8			e satisfy the requirements of section 170(h)(4)(B)(i	-	
-					Yes No
9		-	on easements in its revenue and expense stateme		
			ote to the organization's financial statements tha	t describes	Ine
Par		ounting for conservation easements. Ations Maintaining Collections of	Art, Historical Treasures, or Other Si	milar Ass	ets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bala	nce sheet w	orks
			blic exhibition, education, or research in furtherand		
		· · · · · · · · · · · · · · · · · · ·	ncial statements that describes these items.		
b	•		8, to report in its revenue statement and balance	sheet works	s of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherance	of public se	rvice,
	provide the followi	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶ \$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, p	rovide	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		
				▶ \$	
				▶ \$	
		eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2019
932051	10-02-19		27		

	CATHOLI	C COMMUNITY	FOUNDATI	NC				
Sche	dule D (Form 990) 2019 OF MINN							Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simila	ar Assets	s _{(continu}	ied)
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check any of the f	following that make	e significant	use of its	·	,
•	Public exhibition	d		hanga program				
a								
b	Scholarly research	е	U Other					
c	Preservation for future generations						N/III	
4	Provide a description of the organization's co					ose in Part	XIII.	
5	During the year, did the organization solicit o						-	
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part >	())			X
Par		f the organization and	swered "Yes" on Fo	orm 990, Part IV, lir	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years bac		years back	(e) Four y	/ears back
1a	Beginning of year balance	121,083,737.	115,445,121.			473,647.		L26,577.
	Contributions	8,497,596.	5,122,863.			200,107.		L97,655.
	Net investment earnings, gains, and losses	-872,410.	4,673,096.			149,215.	1	994,392.
	Grants or scholarships	3,836,430.	4,157,343.			, 831,899.		, 356,193.
	Other expenditures for facilities	, , -	, , .	, ,	,	, .	, '	,
C								
4								
	Administrative expenses	124,872,493.	121,083,737.	115,445,123	100	991,070.	78 4	473,647.
g	End of year balance					<u>,,,,,,</u>	,,,,	170,017.
2	Provide the estimated percentage of the curr	4.41		i) heid as.				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 78.13 Term endowment ► 17.46	%						
с								
	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered fo	r the organi	zation	L.	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	<u> </u>
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot	• • •		Accumula		(d) Book	value
		basis (investm	Dasis	(other)	depreciatio			
	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment		17	4,182.	74,1	10.	100	<u>,072.</u>
e	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B). line 1	0c.)		🕨	100	,072.
						Schedule	D (Form	990) 2019

Schedule D (Form 990) 2019

OF MINNESOTA Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests	207,166.	COST
3) Other		
(A) HEDGE FUNDS AND PRIVATE		
(B) EQUITY INVESTMENTS	77,025,518.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENTS	11,370,362.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INTEREST IN		
(E) TRUST	484,705.	END-OF-YEAR MARKET VALUE
(F) MINERAL RIGHTS	38,842.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	89,126,593.	
Part VIII Investmente Drearem Belated		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.								
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.)								

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BENEFICIARY ENDOWMENTS	51,875,658.
(3) CHARITABLE GIFT ANNUITY AND	

(4)	CHARITABLE REMAINDER TRUST	
(5)	OBLIGATIONS	5,149,948.
(6)		
(7)		
(8)		
(9)		
[otal	(Column (b) must agual Form 000, Part X, col. (P) line 25.)	57,025,606,

<u>olumn (b) must equal Form 990</u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2019

932053 10-02-19

	CATHOLIC COMMUNITY FOUNDATION								
Sche	edule D (Form 990) 2019 OF MINNESOTA		41-3	1744184	Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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		1	22,764,	769.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	a Net unrealized gains (losses) on investments	315,891.							
b									
с	c Recoveries of prior year grants 2c								
d	d Other (Describe in Part XIII.)	399,530.							
е	Add lines 2a through 2d		2e	-4,715,					
3	Subtract line 2e from line 1		3	27,480,	190.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	aInvestment expenses not included on Form 990, Part VIII, line 7b4a1,4bOther (Describe in Part XIII.)4b6,5	469,976.							
b	D Other (Describe in Part XIII.)	903,682.							
с	Add lines 4a and 4b		4c	8,373,					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	35,853,	848.				
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Exp	penses per R	eturi	n.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r							
1	Total expenses and losses per audited financial statements		1	19,254,	747.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	a Donated services and use of facilities 2a								
b	p Prior year adjustments 2b								
с	Conter losses 2c								
d	d Other (Describe in Part XIII.)								
е	e Add lines 2a through 2d		2e		0.				
3	Subtract line 2e from line 1		3	19,254,	747.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	a Investment expenses not included on Form 990, Part VIII, line 7b	469,976.							
b	o Other (Describe in Part XIII.)	515,059.							
С	Add lines 4a and 4b		4c	2,985,					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	22,239,	782.				
Pa	art 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, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION MANAGES FUNDS AS AN AGENT FOR CHARITABLE ORGANIZATIONS
WHOSE MISSION IS TO MEET THE SPIRITUAL, EDUCATIONAL, AND SOCIAL NEEDS OF
OUR MINNESOTA CATHOLIC COMMUNITY. AS AGENT, THE FOUNDATION MANAGES AND
INVESTS THE FUNDS IN THE ORGANIZATION'S NAME. DISTRIBUTIONS ARE MADE IN
ACCORDANCE WITH THE AGENCY AGREEMENTS AND DIRECTION FROM THE RESPECTIVE
ORGANIZATIONS. EITHER PARTY MAY CANCEL AN AGENCY AGREEMENT AT ANY TIME.

PART V, LINE 4:

ENDOWMENT FUNDS ARE ESTABLISHED FOR THE BENEFIT OF ONE OR MORE CHARITABLE

ORGANIZATIONS. ANY DONOR OR ORGANIZATION MAY MAKE A GIFT OF ANY SIZE TO AN

ESTABLISHED FUND, OR A DONOR OR ORGANIZATION MAY SETUP A NEW DESIGNATED 932054 10-02-19 Schedule D (Form 990) 2019 30

Part XIII Supplemental Information (continued)

FUND WITH A MINIMUM CONTRIBUTION OF \$50,000. THE EARNINGS FROM THESE

ENDOWMENT FUNDS ARE DISTRIBUTED TO THE BENEFICIARY ORGANIZATION(S).

ESTABLISHMENT OF AN ENDOWMENT FUND IS A WONDERFUL WAY TO ENSURE THE

PERPETUAL SUPPORT OF IMPORTANT CHARITABLE CAUSES.

PART X, LINE 2:

Schedule D (Form 990) 2019

THE FOUNDATION IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL AND STATE INCOME TAX. THE FOUNDATION IS A NONPRIVATE FOUNDATION AND CONTRIBUTIONS TO THE FOUNDATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR.

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOUNDATION DUE TO THE IMPLEMENTATION OF THIS STANDARD. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

 PART XI, LINE 2D - OTHER ADJUSTMENTS:

 LOSS IN VALUE OF SPLIT-INTEREST AGREEMENTS
 -403,016.

 NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS
 -1,996,514.

 TOTAL TO SCHEDULE D, PART XI, LINE 2D
 -2,399,530.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RECEIVED FOR BENEFICIAL ENDOWMENTS

6,903,682.

Schedule D (Form 990) 2019

932055 10-02-19

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	CATHOLIC COMMUNITY OF MINNESOTA	FOUNDATION	41-1744184 Page 5
PART XII, LINE 4B -			
			1 515 050
BENEFICIAL ENDOWMEN	rs		1,515,059.
			Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OM	18 No. 1545-0047
Department of the Treasury	► Go to y		Attach to Form 990. orm990 for instructions and the latest	information		Open Inspe	to Public
Internal Revenue Service Name of the organization CATHOLIC COMMUN OF MINNESOTA				i mornation.	Employer	identifi	cation number
	rmation on A	ctivities Out	side the United States. Comple	ete if the organ			
Form 990, Part I							
•	•		ds to substantiate the amount of its gra the selection criteria used to award the				Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsi	de the
			an be duplicated if additional space is n	1			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, De	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	INVESTMENTS	N/A			42,546,233.
EUROPE	0	0	INVESTMENTS	N/A			2,809,179.
3 a Subtotal	0	0					45,355,412.
b Total from continuation sheets to Part I	0	0					0.
c Totals (add lines 3a and 3b)	0	0					45,355,412.
LHA For Paperwork Reduct			tions for Form 990.		Sche	dule F (l	Form 990) 2019

932071 10-12-19

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Schedule F (Form 990) 2019

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f				1	
			ion 501(c)(3) equivalency letter					
3 Enter total number of	other organizations o	r entities				🕨		

41-1744184

OF MINNESOTA

41-1744184

Schedule F (Form 990) 2019 C	OF MINNESOTA			4	1 - 1744184		Page 3
Part III Grants and Other Assistance	ce to Individuals Outsid	le the United Sta	ates. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Page 3

Scheo	dule F (Form 990) 2019 OF MINNESOTA	41-1744184	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

932074 10-12-19

CATHOLI	C COMMUNITY	FOUNDATION
OF MINN	ESOTA	

Schedule F (Form 990) 2019 OF MINNE Part V Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD FOR TRACKING EXPENDITURES.

Schedule F (Form 990) 2019

932075 10-12-19

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		L	OMB No. 1	545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	19
Department of the Treasury Internal Revenue Service		-	Attach to Form s.gov/Form990 fo	m 990.				Open to Inspec	
		FOUNDATION					Employer id	•	n number
OF MINNES								41-1/4	<u>44104</u>
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on		
criteria used to award the grants or assis								X Yes	🗌 No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant t	funds in the United	States.					
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, fo	or any	
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g assistance	
180 DEGREES 236 CLIFTON AVE. SOUTH MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	21,985.	0.			BRITTANY	S PLACE	
ABRIA PREGNANCY RESOURCES 2200 UNIVERSITY AVE. W. SUITE 160 ST. PAUL, MN 55114	41-1278207	501(C)(3)	74,218.	0.			CAMPAIGN (SUPPORT	GIFT, GEI	NERAL
ACADEMY OF HOLY ANGELS 6600 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-0696903	501(C)(3)	16,450.	0.			GENERAL SI SCHOLARSHI SEMESTER (MA THEOLO(, IP FUND, CLASS TO	WARD AN
AIM HIGHER FOUNDATION 2610 UNIVERSITY AVENUE WEST SUITE ST. PAUL, MN 55114	46-3935682	501(C)(3)	701,240.	0.			CAMPAIGN (SCHOLARSH	,	
ALL SQUARE 4047 MINNEHAHA AVE MINNEAPOLIS, MN 55406	81-3572476	501(C)(3)	18,500.	0.			FOOD TRUC	K, GENERA	AL
ALPHA WOMEN'S CENTER PO BOX 435 SAVAGE, MN 55378	41-1560473	501(C)(3)	10,000.	0.			GENERAL S	JPPORT	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				►		358.
3 Enter total number of other organizations									. 0
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedu	ie I (Form 9	990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Part II Continuation of Grants and Other A	ssistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa I	art II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN INDIAN COMMUNITY									
DEVELOPMENT CORPORATION - AICDC -									
1508 EAST FRANKLIN AVENUE -							REIMBURSEMENT FOR		
MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	11,952.	0.			NAVIGATOR EXPENSES		
AMERICANS UNITED FOR LIFE 1150 CONNECTICUT AVENUE NW, SUITE 5									
WASHINGTON, D.C., VA 20036	36-3906065	501(C)(3)	10,000.	0.			GENERAL SUPPORT		
ANNUNCIATION CATHOLIC SCHOOL 509 WEST 54TH STREET									
MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	10,500.	0.			GENERAL SUPPORT		
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET -							CAPITAL IMPROVEMENTS, GENERAL SUPPORT, RETIRED PRIESTS, SEMINARY TUITION		
SAINT PAUL, MN 55106	41-0693908	501(C)(3)	35,450.	0.			ASSISTANCE		
ASCENSION CATHOLIC ACADEMY 1726 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	63,200.	0.			GENERAL SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE		
AUGUSTINE INSTITUTE 6160 S. SYRACUSE WAY #310	20-2349108	E01/(0)/(2)	21.000	0.			GENERAL SUPPORT		
GREENWOOD VILLAGE, CO 80111	20-2349100	501(0)(5)	31,000.	0.			GENERAL SUFFORI		
BANYAN COMMUNITY 2529 13TH AVENUE SOUTH							GENERAL SUPPORT,		
MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	17,500.	0.			SCHOLARSHIP FUND		
BASILICA OF SAINT MARY 88 NORTH 17TH STREET									
MINNEAPOLIS, MN 55403	41-0695501	501(C)(3)	8,938.	0.			GENERAL SUPPORT		
BEACON INTERFAITH HOUSING 2610 UNIVERSITY AVE WEST #100							GENERAL SUPPORT, PROGRAM		
SAINT PAUL, MN 55114	41-1953599	501(C)(3)	18,700.	0.			, SUPPORT		

Schedule I (Form 990) OF MINNESOTA

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Schedule I (Form 990) OF MINNES					/=		LI-1/44184 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEDICTINE COLLEGE							
1020 NORTH SECOND STREET							COLLEGE MINISTRY,
ATCHISON, KS 66002	48-0777079	501(C)(3)	20,610.	٥.			SCHOLARSHIP FUND
BENILDE-ST. MARGARET SCHOOL							CAMPAIGN GIFT, GENERAL
2501 HIGHWAY 100 SOUTH							SUPPORT, SCHOLARSHIP
ST. LOUIS PARK, MN 55416	41-1240936	501(C)(3)	400,900.	٥.			FUND, TUITION ASSISTANCE
BETHEL BAPTIST CHURCH							
1611 HEMLOCK AVE							
DWATONNA, MN 55060	43-6073194	501(C)(3)	9,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE							
GREATER TWIN CITIES - 2550							
UNIVERSITY AVENUE WEST, SUITE 410N							
- ST. PAUL, MN 55114	32-0017737	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIZAA INTERNATIONAL OUTREACH							
13570 GROVE DRIVE SUITE 279							EDUCATION PROGRAMS,
MAPLE GROVE, MN 55311	46-3937283	501(C)(3)	6,500.	٥.			MISSION TRIP
,			, ,				\$15K FOR TECH GRANT
BLESSED TRINITY CATHOLIC SCHOOL							MATCH; \$5 FOR
5720 NICOLLET AVENUE SOUTH							ADVANCEMENT, MCRF
RICHFIELD, MN 55423	41-1787370	501(C)(3)	53,585.	٥.			OPERATIONAL SUPPORT,
BOYS & GIRLS CLUBS OF THE TWIN							
CITIES - 690 JACKSON STREET - ST.							
PAUL, MN 55130	41-0842657	501(C)(3)	7,000.	0.			MEALS
							MANEPO AND COMMUNITY
CAF AMERICA							INVESTMENT AND RELIEF
225 REINEKERS LANE SUITE 375							EFFORTS IN MALAWI.,
ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	16,433.	0.			MULLIN FUND
CANA FAMILY INSTITUTE							
7301 BASS LAKE ROAD							
CRYSTAL, MN 55428	45-5000221	501(C)(3)	63,950.	0.			GENERAL SUPPORT

OF MINNESOTA Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL HERITAGE FOUNDATION							
P.O. BOX 40027							CAPITAL IMPROVEMENTS,
SIANT PAUL, MN 55104	26-0275248	501(C)(3)	6,500.	0.			GENERAL SUPPORT
CATHEDRAL SCHOOL 1419 BAXTER AVENUE							
SUPERIOR, WI 54880	39-0808459	501(C)(3)	13,900.	0.			TUITION ASSISTANCE
CATHOLIC ANSWERS P.O. BOX 199000							
SAN DIEGO, CA 92159	95-3754404	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 1200 SECOND AVENUE SOUTH	41 1200405		540 200				CAMPAIGN GIFT, CORONAVIRUS RESPONSE, GENERAL SUPPORT, MISSION
MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	740,388.	0.			IMPACT GRANT, PROGRAM
CATHOLIC CHARITIES OF DALLAS 1421 W. MOCKINGBIRD LANE DALLAS, TX 75247	75-2745221	501(C)(3)	20,000.	0.			CAMPAIGN GIFT, GENERAL SUPPORT
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	7,349.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP FUNI
CATHOLIC NEAR EAST WELFARE ASSOCIATION - 1011 FIRST AVENUE,	12 1622020	E01/(0)/(2)	E 050				DENERAL GUDDOD#
- NEW YORK, NY 10022	13-1623929	501(C)(3)	5,050.	0.			GENERAL SUPPORT BAHAMAS HURRICANE,
CATHOLIC RELIEF SERVICES							CORONAVIRUS RESPONSE,
P.O. BOX 17090 BALTIMORE, MD 21298	13-5563422	501(C)(3)	350,191.	0.			GENERAL SUPPORT, HURRICANE DORIAN DISASTEF
CATHOLIC RURAL LIFE 2115 SUMMIT AVENUE							GENERAL SUPPORT, PROGRAM SUPPORT, SACRED MANOOMIN
ST. PAUL, MN 55105	42-0752630	501(C)(3)	170,550.	Ο.		1	FUND, SCHOLARSHIP FUND

OF MINNESOTA Schedule I (Form 990) . .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SCHOOLS CENTER OF							
EXCELLENCE - CSCOE - 6600 FRANCE							
AVENUE SOUTH, SUITE 520 - EDINA,							GENERAL SUPPORT, PROGRAM
MN 55435	47-3560859	501(C)(3)	65,500.	0.			SUPPORT
							CAMPAIGN GIFT,
CATHOLIC SERVICES APPEAL							CORONAVIRUS RESPONSE,
FOUNDATION - 12805 HIGHWAY 55,				_			FOOD SHELF, PROGRAM
SUITE 210 - PLYMOUTH, MN 55441	46-4321593	501(C)(3)	413,025.	0.			SUPPORT
CATHOLIC TUTOR CORPS							
10541 OREGON CIRCLE							
BLOOMINGTON, MN 55438	20-2631080	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BECOMINGION, MN 55450	20 2031000	501(0)(5)	0,000.				SENERAL SOFFORT
CENTER FOR MISSION							
777 FOREST STREET							CAMPAIGN GIFT, GENERAL
SAINT PAUL, MN 55106	41-0705806	501(C)(3)	40,750.	0.			SUPPORT, PROGRAM SUPPORT
· · ·			, -				
CENTER OF THE AMERICAN EXPERIMENT							
8421 WAYZATA BOULEVARD SUITE 110							
GOLDEN VALLEY, MN 55426	36-3611426	501(C)(3)	6,700.	0.			GENERAL SUPPORT
							ENDOWMENT GIFT, GENERAL
CHESTERTON ACADEMY							SUPPORT, MATCHING GIFT,
1320 MAINSTREET							SCHOLARSHIP FUND, SPRING
HOPKINS, MN 55343	38-3773629	501(C)(3)	66,835.	0.			SEMESTER OF THE SCHOOL OF
CHILDREN INTERNATIONAL							
2000 EAST RED BRIDGE ROAD							
KANSAS CITY, MO 64121	44-6005794	501(C)(3)	14,065.	0.			GENERAL SUPPORT
							CAMPAIGN GIFT, GENERAL
CHILDREN'S CANCER RESEARCH FUND							SUPPORT, PROGRAM SUPPORT,
7301 OHMS LANE SUITE 355				_			RESTRICTED TO SPECIFIC
MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	11,500.	0.			RESEARCH
CHILDREN'S MINNESOTA FOUNDATION							
5901 LINCOLN DRIVE							PROGRAM SUPPORT, RESTRICTED TO SPECIFIC
2201 DIMCOUN DILIAR		501(C)(3)	1			1	RESEARCH

Schedule I (Form 990) OF MINNESOTA

				(a) A maximation f	(f) Mathematics		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN BROTHERS OF THE MIDWEST							
DISTRICT - 7650 SOUTH COUNTY LINE							GENERAL SUPPORT, RETIRED
ROAD - BURR RIDGE, IL 60521	41-0872557	501(C)(3)	6,486.	0.			PRIESTS
CHURCH OF CORPUS CHRISTI							
2131 FAIRVIEW AVENUE NORTH							GENERAL SUPPORT, PROGRAM
ROSEVILLE, MN 55113	41-0705812	501(C)(3)	19,300.	0.			SUPPORT
							DIRECT EMERGENCY
CHURCH OF GICHITWAA KATERI							ASSISTANCE TO INDIVIDUALS
3045 PARK AVENUE							AND FAMILIES, FAITH
MINNEAPOLIS, MN 55407	26-3828586	501(C)(3)	11,900.	0.			FORMATION
CHURCH OF OUR LADY OF GRACE							CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL SUPPORT,
5071 EDEN AVENUE							MISSION SUPPORT,
EDINA, MN 55436	41-0705765	501(C)(3)	397,522.	0.			PROFESSIONAL DEVELOPMENT,
							,
CHURCH OF OUR LADY OF LOURDES							
ONE LOURDES PLACE							GENERAL SUPPORT, PROGRAM
MINNEAPOLIS, MN 55414	41-0789401	501(C)(3)	23,000.	0.			SUPPORT
CHURCH OF OUR LADY OF MOUNT CARMEL							
701 FILLMORE ST. NE							
MINNEAPOLIS, MN 55413	41-0962072	501(C)(3)	25,000.	0.			MATCHING GIFT
CHURCH OF OUR LADY OF PEACE -							
EDUCATION - 5426 - 12TH AVENUE							
SOUTH - MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	46,000.	0.			EDUCATION PROGRAMS
CHURCH OF OUR LADY OF THE LAKE							CAMPAIGN GIFT, CEMETERY
2385 COMMERCE BOULEVARD							SUPPORT, GENERAL SUPPORT,
MOUND, MN 55364	41-0718339	501(C)(3)	36,700.	0.			MCRF OPERATIONAL SUPPORT
			, ,				CAPITAL IMPROVEMENTS,
CHURCH OF SAINT AMBROSE OF							GENERAL SUPPORT, PURCHASE
WOODBURY - 4125 WOODBURY DRIVE -							RELIGIOUS ARTICLES FOR
WOODBURY, MN 55129	41-1905541	501(C)(3)	45,660.	Ο.			THE CHURCH, TUITION

Schedule I (Form 990) OF MINNESOTA

41-1744184 Page 1

		()					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DIRECT EMERGENCY
CHURCH OF SS. CYRIL & METHODIUS							ASSISTANCE TO INDIVIDUALS
1315 2ND STREET NE							AND FAMILIES, SCHOLARSHIP
MINNEAPOLIS, MN 55413	41-0705773	501(C)(3)	12,100.	0.			FUND
CHURCH OF SS. PETER AND PAUL 145 RAILWAY STREET							
LORETTO, MN 55357	41-0734731	501(C)(3)	9,700.	0.			GENERAL SUPPORT
CHURCH OF ST. AGNES 548 LAFOND AVENUE	41 0604727	E01/(0)/(2)	8 200				CAMPAIGN GIFT, CORONAVIRUS RESPONSE, PROGRAM SUPPORT, TUITION
ST. PAUL, MN 55103	41-0694737	501(C)(3)	8,200.	0.			ASSISTANCE DIRECT EMERGENCY
CHURCH OF ST. ALPHONSUS 7025 HALIFAX AVENUE N							ASSISTANCE TO INDIVIDUALS AND FAMILIES, GENERAL
BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	31,500.	0.			SUPPORT, MCRF OPERATIONAL
CHURCH OF ST. ANASTASIA 460 LAKE STREET SW							CEMETERY SUPPORT, GENERAL
HUTCHINSON, MN 55350	41-0789375	501(C)(3)	24,900.	0.			SUPPORT
CHURCH OF ST. ANNE 200 HAMEL ROAD							
HAMEL, MN 55340	41-0877635	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CHURCH OF ST. BERNARD 1160 WOODBRIDGE STREET							DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, SCHOLARSHIP
ST. PAUL, MN 55117	41-0757844	501(C)(3)	13,000.	0.			FUND
CHURCH OF ST. CECILIA 2357 BAYLESS PLACE							
ST. PAUL, MN 55114	41-0829141	501(C)(3)	9,500.	0.			GENERAL SUPPORT
CHURCH OF ST. ELIZABETH ANN SETON 2035 WEST 15TH STREET							
HASTINGS, MN 55033	41-1587210	501(C)(3)	10,000.	0.			MCRF OPERATIONAL SUPPORT

Schedule I (Form 990) OF MINNESOTA

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. FRANCIS DE SALES							DIRECT EMERGENCY
650 PALACE AVE							ASSISTANCE TO INDIVIDUALS
ST. PAUL, MN 55102	41-0693966	501(C)(3)	10,000.	0.			AND FAMILIES
CHURCH OF ST. FRANCIS XAVIER 223 19TH ST NW							
BUFFALO, MN 55313	41-0737223	501(C)(3)	10,000.	0.			MCRF OPERATIONAL SUPPORT
CHURCH OF ST. GEORGE							DIRECT EMERGENCY
133 NORTH BROWN ROAD							ASSISTANCE TO INDIVIDUALS
LONG LAKE, MN 55356	41-0797341	501(C)(3)	10,000.	0.			AND FAMILIES
CHURCH OF ST. GREGORY THE GREAT							
PO BOX 609							
NORTH BRANCH, MN 55056	41-6104942	501(C)(3)	9,000.	0.			MCRF OPERATIONAL SUPPORT
CHURCH OF ST. HELENA							
3204 EAST 43RD STREET							GENERAL SUPPORT, MCRF
MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	36,800.	0.			OPERATIONAL SUPPORT
CHURCH OF ST. HENRY							DIRECT EMERGENCY
1001 E 7TH STREET							ASSISTANCE TO INDIVIDUALS
MONTICELLO, MN 55362	41-0764106	501(C)(3)	7,000.	0.			AND FAMILIES
CHURCH OF ST. HUBERT							
8201 MAIN STREET							CAMPAIGN GIFT, GENERAL
CHANHASSEN, MN 55317	41-0789368	501(C)(3)	10,600.	0.			SUPPORT
CHURCH OF ST. JEROME							
380 ROSELAWN AVE. E.							
MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	20,000.	0.			MCRF OPERATIONAL SUPPORT
							CEMETERY SUPPORT,
CHURCH OF ST. JOHN THE BAPTIST 4625 WEST 125TH STREET							EDUCATION PROGRAMS, GENERAL SUPPORT, TUITION
SAVAGE, MN 55378		501(C)(3)	60,140.	0.			ASSISTANCE

OF MINNESOTA Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. JOHN THE BAPTIST							
313 EAST 2ND STREET							GENERAL SUPPORT, MCRF
JORDAN, MN 55352	41-0713019	501(C)(3)	9,000.	0.			OPERATIONAL SUPPORT
							CAMPAIGN GIFT, CAPITAL
CHURCH OF ST. JOHN THE BAPTIST							IMPROVEMENTS, GENERAL
835 2ND AVENUE NW							SUPPORT, SCHOLARSHIP
NEW BRIGHTON, MN 55112	41-0732798	501(C)(3)	67,010.	0.			FUND, TUITION ASSISTANCE
,			,				,
CHURCH OF ST. JOHN THE BAPTIST							
680 MILL STREET							GENERAL SUPPORT, MATCHING
EXCELSIOR, MN 55331	41-0721661	501(C)(3)	37,900.	٥.			GIFT, TUITION ASSISTANCE
							DIRECT EMERGENCY
CHURCH OF ST. JOSEPH							ASSISTANCE TO INDIVIDUALS
426 WEST 8TH STREET							AND FAMILIES, TUITION
RED WING, MN 55066	41-0732218	501(C)(3)	8,000.	0.			ASSISTANCE
CHURCH OF ST. JOSEPH							
6 INTERLACHEN ROAD							EDUCATION PROGRAMS,
HOPKINS, MN 55343	41-0721665	501(C)(3)	7,300.	0.			GENERAL SUPPORT
							CAMPAIGN GIFT, GENERAL
CHURCH OF ST. JOSEPH							SUPPORT, PARISH CAMPUS
1154 SEMINOLE AVENUE							SECURITY PROJECT, ST
WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	65,777.	0.			JOSEPH SCHOOL, TUITION
CHURCH OF ST. JOSEPH							
41 EAST 1ST STREET							GENERAL SUPPORT, TUITION
	41 0754500	E01(G)(2)	C 100	0.			,
WACONIA, MN 55387	41-0754588	501(C)(3)	6,100.	0.			ASSISTANCE
CHURCH OF ST. JUDE OF THE LAKE							
700 MAHTOMEDI AVENUE							CAPITAL IMPROVEMENTS,
MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	19,200.	0.			GENERAL SUPPORT
				°.			
CHURCH OF ST. LOUIS, KING OF							
FRANCE - 506 CEDAR STREET - ST.							
PAUL, MN 55101	41-0782864	501(C)(3)	23,500.	0.			GENERAL SUPPORT

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CHURCH OF ST. MARK							GENERAL SUPPORT,
2001 DAYTON AVENUE							PROFESSIONAL DEVELOPMENT
ST. PAUL, MN 55104	41-0694739	501(C)(3)	88,795.	0.			SCHOLARSHIP FUND
CHURCH OF ST. MARY							
261 E 8TH STREET							
ST. PAUL, MN 55101	41-0744076	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHURCH OF ST. MARY							
165 WATERVILLE AVENUE N							
LE CENTER, MN 56057	41-0789396	501(C)(3)	15,000.	0.			MCRF OPERATIONAL SUPPORT
CHURCH OF ST. MARY OF BIRD ISLAND							
PO BOX 500							
BIRD ISLAND, MN 55310	41-0773789	501(C)(3)	41,200.	0.			GENERAL SUPPORT
· ·							GENERAL SUPPORT,
CHURCH OF ST. MARY OF THE LAKE							PROFESSIONAL DEVELOPMENT
4690 BALD EAGLE AVENUE							REIMBURSEMENT FOR
WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	6,908.	0.			JUSTFAITH REGISTRATION
CHURCH OF ST. MATTHEW							
490 HALL AVENUE							
SAINT PAUL, MN 55107	41-0707559	501(C)(3)	13,780.	0.			GENERAL SUPPORT
CHURCH OF ST. MICHAEL							
22120 DENMARK AVENUE							
FARMINGTON, MN 55024	41-0777907	501(C)(3)	12,000.	0.			GENERAL SUPPORT
'			, , ,				CAMPAIGN GIFT, CAPITAL
CHURCH OF ST. MICHAEL							IMPROVEMENTS, EDUCATION
611 SOUTH 3RD STREET							PROGRAMS, GENERAL
STILLWATER, MN 55082	41-0742511	501(C)(3)	144,319.	0.			SUPPORT, PROGRAM SUPPORT
CHURCH OF ST. MICHAEL							
16311 DULUTH AVENUE SE							
PRIOR LAKE, MN 55372	41-0826790	501(C)(3)	10,800.	Ο.			GENERAL SUPPORT

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Part II Continuation of Grants and Othe		jerne en er ge					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DIRECT EMERGENCY
CHURCH OF ST. ODILIA							ASSISTANCE TO INDIVIDUALS
3495 VICTORIA STREET N							AND FAMILIES, EDUCATION
SHOREVIEW, MN 55126	41-0837655	501(C)(3)	99,900.	0.			PROGRAMS, GENERAL SUPPORT
CHURCH OF ST. PASCAL BAYLON							GENERAL SUPPORT,
1757 CONWAY STREET							JUSTFAITH CATHOLIC
ST. PAUL, MN 55106	41-0704479	501(C)(3)	9,136.	0.			REIMBURSEMENT
CHURCH OF ST. PATRICK							CAPITAL IMPROVEMENTS,
3535 - 72ND STREET EAST							GENERAL SUPPORT, MCRF
INVER GROVE HEIGHTS, MN 55076	41-0837975	501(C)(3)	21,200.	0.			OPERATIONAL SUPPORT
	11 0007570			.			
CHURCH OF ST. PATRICK							
6820 ST. PATRICK'S LANE							
EDINA, MN 55439	41-0856353	501(C)(3)	19,500.	0.			GENERAL SUPPORT
CHURCH OF ST. PATRICK							
1095 DESOTO STREET							EDUCATION PROGRAMS,
ST. PAUL, MN 55130	41-0693967	501(C)(3)	44,733.	0.			GENERAL SUPPORT
,,,							
CHURCH OF ST. PATRICK							
19921 NIGHTINGALE STREET NW							GENERAL SUPPORT, PROGRAM
OAK GROVE, MN 55011	41-1230136	501(C)(3)	108,400.	0.			SUPPORT
CHURCH OF ST. PETER							EDUCATION PROGRAMS,
2600 MARGARET STREET NORTH							GENERAL SUPPORT, TUITION
NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	6,600.	0.			ASSISTANCE
CHURCH OF ST. PETER							
1250 SOUTH SHORE DRIVE	41 0700304	F(1/2)/2	22.000	_			EDUCATION DECERTING
FOREST LAKE, MN 55025	41-0799304	DUT(C)(3)	23,900.	0.			EDUCATION PROGRAMS
CHURCH OF ST. PETER CLAVER							
375 OXFORD STREET N							
ST. PAUL, MN 55104	41-0824943	501(C)(3)	15,000.	0.			MCRF OPERATIONAL SUPPORT

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CHURCH OF ST. PHILIP							
821 E 5TH STREET							
LITCHFIELD, MN 55355	41-0773769	501(C)(3)	5,300.	0.			GENERAL SUPPORT
CHURCH OF ST. PIUS X							
3878 HIGHLAND AVENUE							GENERAL SUPPORT, MCRF
WHITE BEAR LAKE, MN 55110	41-0777935	501(C)(3)	27,100.	٥.			OPERATIONAL SUPPORT
CHURCH OF ST. RAPHAEL							
7301 BASS LAKE ROAD							GENERAL SUPPORT, MATCHING
CRYSTAL, MN 55428	41-0729961	501(C)(3)	10,000.	0.			GIFT
CHURCH OF ST. RICHARD							
7540 PENN AVENUE S							
RICHFIELD, MN 55423	41-0732239	501(C)(3)	19,600.	0.			GENERAL SUPPORT
CHURCH OF ST. ROSE OF LIMA							CAMPAIGN GIFT, ENDOWMENT
2048 HAMLINE AVENUE N							, GIFT, GENERAL SUPPORT,
ROSEVILLE, MN 55113	41-0790158	501(C)(3)	354,920.	0.			TUITION ASSISTANCE
							DIRECT EMERGENCY
CHURCH OF ST. STEPHEN							ASSISTANCE TO INDIVIDUALS
2211 CLINTON AVENUE S							AND FAMILIES, GENERAL
MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	69,133.	0.			SUPPORT, MCRF OPERATIONAL
							BALANCE OF REIMBURSEMENT
CHURCH OF ST. STEPHEN							FOR JUSTMATTERS
525 JACKSON STREET							REGISTATION AND
ANOKA, MN 55303	41-0713861	501(C)(3)	10,175.	0.			MATERIALS, DIRECT
CHURCH OF ST. THERESE							CAPITAL IMPROVEMENTS,
18323 MINNETONKA BOULEVARD							EDUCATION PROGRAMS,
DEEPHAVEN, MN 55391	41-0790147	501(C)(3)	19,500.	0.			GENERAL SUPPORT
CHURCH OF ST. THOMAS AQUINAS							
920 HOLLEY AVENUE							
ST. PAUL PARK, MN 55071	41-0747178	501(C)(3)	5,500.	0.			TUITION ASSISTANCE

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CHURCH OF ST. THOMAS MORE							
1079 SUMMIT AVENUE							FOOD SHELF, GENERAL
ST. PAUL, MN 55105	41-0694738	501(C)(3)	40,000.	0.			SUPPORT, PROGRAM SUPPORT
CHURCH OF ST. THOMAS THE APOSTLE							
2914 W. 44TH STREET							
MINNEAPOLIS, MN 55410	41-0798539	501(C)(3)	5,700.	0.			GENERAL SUPPORT
							CAMPAIGN GIFT,
CHURCH OF ST. TIMOTHY							CORONAVIRUS RESPONSE,
707 89TH AVENUE NE							GENERAL SUPPORT,
BLAINE, MN 55434	41-0764081	501(C)(3)	31,460.	0.			SCHOLARSHIP FUND
CHURCH OF THE ANNUNCIATION							
509 WEST 54TH STREET							CAMDATON CIEM CENEDAL
MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	23,300.	0.			CAMPAIGN GIFT, GENERAL SUPPORT
	41-0721071	501(0)(3)	23,300.	0.			DIRECT EMERGENCY
CHURCH OF THE ASCENSION							ASSISTANCE TO INDIVIDUAL
1723 BRYANT AVENUE N							AND FAMILIES, FAITH
MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	302,700.	0.			FORMATION, GENERAL
	41 0703707	501(0/(3/	502,700.				DIRECT EMERGENCY
CHURCH OF THE ASSUMPTION							ASSISTANCE TO INDIVIDUAL
305 E 77TH STREET							AND FAMILIES, FAITH
RICHFIELD, MN 55423	41-0734772	501(C)(3)	28,500.	0.			FORMATION, GENERAL
,,							
CHURCH OF THE ASSUMPTION							
51 WEST SEVENTH STREET							
ST. PAUL, MN 55102	41-0694736	501(C)(3)	27,200.	0.			GENERAL SUPPORT
CHURCH OF THE EPIPHANY							
1900 111TH AVENUE NW							CORONAVIRUS RESPONSE,
COON RAPIDS, MN 55433	41-0880245	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CHURCH OF THE GUARDIAN ANGELS							
8260 4TH STREET NORTH							CEMETERY SUPPORT, GENERA
OAKDALE, MN 55128	41-0807574	501(C)(3)	9,800.	0.			, SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	ernments and Orga	lizations in the Un	ited States (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE GUARDIAN ANGELS 215 WEST 2ND STREET CHASKA, MN 55318	41-0785167	501(C)(3)	25,000.	0.			DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, MCRF OPERATIONAL SUPPORT
CHURCH OF THE HOLY CROSS 1621 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55413	41-0695502	501(C)(3)	554,485.	0.			GENERAL SUPPORT, NE CATHOLIC COLLECTIVE'S CATHOLIC SOCIAL TEACHING COURSE, PROFESSIONAL
CHURCH OF THE HOLY FAMILY 5900 W LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986		121,000.	0.			CAMPAIGN GIFT, EXPANSION OF THE SCHOOL AND CHURCH, GENERAL SUPPORT
CHURCH OF THE HOLY NAME 3637 11TH AVENUE S							
MINNEAPOLIS, MN 55407	41-0831056	501(C)(3)	10,600.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY NAME OF JESUS 155 COUNTY ROAD 24 WAYZATA, MN 55391	41-0845399	501(C)(3)	173,529.	0.			CEMETERY SUPPORT, GENERAL SUPPORT, NEW COMPUTERS AND ASSOCIATED EQUIPMENT FOR SCHOOL, PROGRAM
CHURCH OF THE HOLY ROSARY 2424 18TH AVENUE S MINNEAPOLIS, MN 55404	41-0731799	501(C)(3)	25,000.	0.			DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, MCRF OPERATIONAL SUPPORT
CHURCH OF THE HOLY SPIRIT 515 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705768	501(C)(3)	23,600.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY TRINITY 749 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737		20,200.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY TRINITY 506 COMMON STREET WATERVILLE, MN 56096	41-1298654	501(C)(3)	15,000.	0.			MCRF OPERATIONAL SUPPORT

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DIRECT EMERGENCY
CHURCH OF THE IMMACULATE							ASSISTANCE TO INDIVIDUALS
CONCEPTION - 4030 JACKSON STREET							AND FAMILIES, GENERAL
NE - COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	32,700.	0.			SUPPORT, MCRF OPERATIONAL
CHURCH OF THE IMMACULATE CONCEPTION - 202 ALABAMA STREET SE							
- LONSDALE, MN 55046	41-0718325	501(C)(3)	6,400.	0.			GENERAL SUPPORT
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BOULEVARD -							CAPITAL IMPROVEMENTS, CATHOLIC CHARITIES, FAITH FORMATION, GENERAL
MINNETONKA, MN 55345	41-0718324	501(C)(3)	12,100.	0.			SUPPORT, SCHOLARSHIP
CHURCH OF THE INCARNATION 3817 PLEASANT AVENUE S							DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, GENERAL
MINNEAPOLIS, MN 55409	41-0760816	501(C)(3)	19,800.	0.			SUPPORT, MCRF OPERATIONAL
CHURCH OF THE NATIVITY OF MARY 9900 LYNDALE AVENUE S							EDUCATION PROGRAMS, GENERAL SUPPORT, MCRF
BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	37,800.	0.			OPERATIONAL SUPPORT
CHURCH OF THE PRESENTATION/BLESSED VIRGIN MAR - 1725 KENNARD STREET -	41-0789390	501/(2)/(3)	29,400.	0.			GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT
MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	29,400.	0.			DIRECT EMERGENCY
CHURCH OF THE RISEN SAVIOR 1501 E COUNTY ROAD 42							ASSISTANCE TO INDIVIDUALS AND FAMILIES, JUST FAITH
BURNSVILLE, MN 55306	41-0965188	501(C)(3)	11,200.	0.			PROGRAM REIMBURSEMENT
CHURCH OF THE SACRED HEART							DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS
840 EAST 6TH STREET ST. PAUL, MN 55106	41-0705769	501(C)(3)	12,333.	0.			AND FAMILIES, EDUCATION PROGRAMS, FAITH FORMATION
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,
CHURCH OF THE SACRED HEART P.O. BOX 45							
RUSH CITY, MN 55069	41-6028333	501(C)(3)	12,000.	Ο.			MCRF OPERATIONAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE SACRED HEART							
4087 W BROADWAY AVENUE							
ROBBINSDALE, MN 55422	41-0834785	501(C)(3)	10,000.	0.			MCRF OPERATIONAL SUPPORT
	11 0001/00	501(0)(0)	10,000.	••			
CLERICS OF ST. VIATOR							
1212 EAST EUCLID STREET							
ARLINGTON HEIGHTS, IL 60004	36-2240488	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLLEGE OF SAINT BENEDICT							CAMPAIGN GIFT, GENERAL
37 SOUTH COLLEGE AVENUE							SUPPORT, PROGRAM SUPPORT,
ST. JOSEPH, MN 56374	41-0969244	501(C)(3)	202,000.	0.			SCHOLARSHIP FUND
COMMON HOPE							
1400 ENERGY PARK DRIVE SUITE 23							GENERAL SUPPORT,
SAINT PAUL, MN 55108	41-1560297	501(C)(3)	37,445.	0.			SPONSORSHIP CONTRIBUTION
COMMONBOND COMMUNITIES							
1080 MONTREAL AVENUE							
SAINT PAUL, MN 55116	41-1260469	501(C)(3)	31,450.	0.			GENERAL SUPPORT
COMMUNITY OF CHRIST THE REDEEMER							
110 CRUSADER AVENUE WEST							
WEST ST. PAUL, MN 55118	41-1511840	501(C)(3)	30,200.	0.			GENERAL SUPPORT
COMMUNITY OF SAINTS REGIONAL							CAMPAIGN GIFT, CAPITAL
CATHOLIC SCHOOL - 335 HURLEY							IMPROVEMENTS, GENERAL
AVENUE EAST - WEST ST. PAUL, MN		501 (2) (2)		_			SUPPORT, MCRF OPERATIONAL
55118	45-4804818	501(C)(3)	89,618.	0.			SUPPORT, NEEDS OF THE
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY							
	36-2423707	501(C)(3)	14 400	0.			CENEDAL CUDDODM
COLORADO SPRINGS, CO 80921	30-2423707	501(C)(3)	14,400.	0.			GENERAL SUPPORT
COOPERATIVE FOR ASSISTANCE AND							
RELIEF EVERYWHERE (CARE) - P.O.							
BOX 1871 - MERRIFIELD, VA 22116	13-1685039	501(C)(3)	7,000.	0.			GENERAL SUPPORT
2011 10,1 Indiant 1000, VII 22110	1 10 1000000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۰.			BELLENIN DOLLONG

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURAGE KENNY FOUNDATION							
3915 GOLDEN VALLEY ROAD							EDUCATION PROGRAMS,
GOLDEN VALLEY, MN 55422	41-1952989	501(C)(3)	7,055.	0.			GENERAL SUPPORT
COVENANT HOUSE							
461 EIGHTH AVENUE							
NEW YORK, NY 10001	13-2725416	501(C)(3)	6,774.	0.			GENERAL SUPPORT
CRADLE OF HOPE							
1970 OAKCREST AVE. SUITE #104							CAMPAIGN GIFT, GENERAL
ROSEVILLE, MN 55113	23-7349015	501(C)(3)	5,586.	0.			SUPPORT
							CAMPAIGN GIFT, CAPITAL
CRETIN-DERHAM HALL HIGH SCHOOL							IMPROVEMENTS, CORONAVIR
550 ALBERT STREET SOUTH							RESPONSE, GENERAL
ST. PAUL, MN 55116	41-1570394	501(C)(3)	292,600.	٥.			SUPPORT, GUATEMALA
							GENERAL SUPPORT,
CRISTO REY JESUIT HIGH SCHOOL							SCHOLARSHIP FUND, TUITI
2924 4TH AVENUE S							ASSISTANCE, WIFI HOT SP
MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	206,900.	٥.			DONATION FOR STUDENT
CROHN'S & COLITIS							
FOUNDATION-MINNESOTA - 2277							
HIGHWAY 36 W, SUITE 170 -							GENERAL SUPPORT, PROGRA
ROSEVILLE, MN 55113	13-6193105	501(C)(3)	26,485.	0.			SUPPORT
CROSSINGS COMMUNITY CHURCH							
14600 NORTH PORTLAND AVENUE							CAMPAIGN GIFT, GENERAL
OKLAHOMA CITY, OK 73134	73-6082499	501(C)(3)	19,000.	0.			SUPPORT
CRU FOUNDATION							
PO BOX 628222							
ORLANDO, FL 32862	95-6006173	501(C)(3)	10,400.	0.			GENERAL SUPPORT
DAKOTA WOODLANDS							
3430 WESCOTT WOODLANDS							
EAGAN, MN 55123	41-1424653	501(C)(3)	8,538.	0.			GENERAL SUPPORT

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DELASALLE HIGH SCHOOL							GENERAL SUPPORT,
1 DELASALLE DRIVE							SCHOLARSHIP FUND, TUITION
MINNEAPOLIS, MN 55401	41-0705834	501(C)(3)	71,038.	0.			ASSISTANCE
DIOCESE OF DULUTH, MN							
2830 EAST 4TH STREET							ENDOWMENT GIFT, RETIRED
DULUTH, MN 55812	41-1941181	501(C)(3)	24,550.	0.			PRIESTS, SCHOLARSHIP FUND
DIOCESE OF NEW ULM							DIOCESAN MINISTRIES
1421 6TH STREET NORTH							APPEAL, RETIRED PRIESTS,
NEW ULM, MN 56073	41 - 0807570	501(C)(3)	8,200.	0.			SCHOLARSHIP FUND
							CAPITAL IMPROVEMENTS,
DIVINE MERCY CATHOLIC CHURCH							DIRECT EMERGENCY
139 MERCY DRIVE							ASSISTANCE TO INDIVIDUALS
FARIBAULT, MN 55021	81-0572840	501(C)(3)	81,500.	0.			AND FAMILIES, GENERAL
DIVINE MERCY CATHOLIC SCHOOL OF							GENERAL SUPPORT, PROGRAM
FARIBAULT - 15 SW 3RD AVENUE -							SUPPORT, SCHOLARSHIP
FARIBAULT, MN 55021	41-0954118	501(C)(3)	42,000.	٥.			FUND, TUITION ASSISTANCE
DIVINE WORD MISSIONARIES							
P.O. BOX 6099							GENERAL SUPPORT, MISSION
TECHNY, IL 60082	36-2379644	501(C)(3)	35,200.	0.			CHAPEL GRANT
DOMINICAN SISTERS OF ST. CECILIA							
CONGREGATION - 801 DOMINICAN DRIVE							EDUCATION PROGRAMS,
- NASHVILLE, TN 37228	62-0552181	501(C)(3)	5,200.	0.			, GENERAL SUPPORT
DODOMUN DAN CENMED							
DOROTHY DAY CENTER 1200 SECOND AVE. SOUTH							
MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	5,740.	0.			GENERAL SUPPORT
	11 1302107		5,7±0.	0.			
DUNWOODY COLLEGE OF TECHNOLOGY							
818 DUNWOODY BLVD	41 0000050	F01(0)(2)	11.000				
MINNEAPOLIS, MN 55403	41-0693856	DUT(C)(3)	11,000.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYNAMIC CATHOLIC INSTITUTE							GENERAL SUPPORT,
5081 OLYMPIC BLVD.							PROLIFERATION OF THE
ERLANGER, KY 41018	26-4549213	501(C)(3)	6,400.	0.			CATHOLIC FAITH
i							
ELEVATE LIFE							
2600 EAGAN WOODS DRIVE, SUITE 110							GENERAL SUPPORT, PROGRAM
EAGAN, MN 55121	23-7401466	501(C)(3)	6,650.	0.			SUPPORT
EDIDUNIU GOUCOL							
EPIPHANY SCHOOL							
11001 HANSON BLVD.	41 0000045	E01/(0)/(2)	0 500	0.			MITHTON AGATGMANGE
COON RAPIDS, MN 55433 EQUESTRIAN ORDER OF THE HOLY	41-0880245	501(C)(3)	9,500.	0.			TUITION ASSISTANCE
SEPULCHRE OF JERUSALEM NORTHERN							CAMPAIGN GIFT,
LIEUTENANCY - P.O BOX 540004 -							CORONAVIRUS RESPONSE,
OMAHA, NE 68154	20-1666315	501(C)(3)	5,325.	0.			GENERAL SUPPORT
OMANA, NE 00134	20-1000313	501(0)(5)	5,525.	0.			GENERAL SUFFORT
EWTN - ETERNAL WORD TELEVISION							
NETWORK - 5817 OLD LEEDS ROAD -							
IRONDALE, AL 35210	63-0801391	501(C)(3)	7,020.	0.			GENERAL SUPPORT
		561(6)(5)	,,020.	••			
FAITHFUL SHEPHERD CATHOLIC SCHOOL							
3355 COLUMBIA DRIVE							ENDOWMENT GIFT, TUITION
EAGAN, MN 55121	41-1880757	501(C)(3)	5,600.	0.			ASSISTANCE
/			,				
FAMILY FEST MINISTRIES							
140 WEST 98TH STREET SUITE 206							
BLOOMINGTON, MN 55420	41-1985709	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEED MY STARVING CHILDREN							GENERAL SUPPORT,
401 93RD AVENUE NW							HURRICANE DORIAN DISASTER
COON RAPIDS, MN 55433	41-1601449	501(C)(3)	7,250.	0.			RELIEF
FOCUS-FELLOWSHIP OF CATHOLIC UNIV.							GENERAL SUPPORT, MISSION
STUDENTS - PO BOX 17408 - DENVER,	04 1500011	F01(0)(2)	66.005				DEVELOPMENT DEPT.,
CO 80217	84-1522811	POT(C)(3)	66,375.	0.			MISSIONARY SUPPORT

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FOLDS OF HONOR FOUNDATION - MINNESOTA - 372 FERNDALE ROAD SOUTH - WAYZATA, MN 55391	46-5531485	501(C)(3)	5,500.	0.			GENERAL SUPPORT
FOOD FOR THE POOR, INC. 5401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	7,838.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FRANCISCAN BROTHERS OF PEACE 1289 LAFOND AVENUE ST. PAUL, MN 55104	41-1577838	501(C)(3)	6,850.	0.			GENERAL SUPPORT
FRANCISCAN RETREATS 16385 ST. FRANCIS LANE PRIOR LAKE, MN 55372	41-0907232	501(C)(3)	13,400.	0.			CORONAVIRUS RESPONSE, GENERAL SUPPORT
FRASSATI CATHOLIC ACADEMY 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110	46-3494121	501(C)(3)	69,500.	0.			MATCHING GIFT, MCRF OPERATIONAL SUPPORT, ONE YEAR MARKETING AND ENROLLMENT SPECIALIST,
FRIENDS OF SAN LUCAS 3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122	46-1321032	501(C)(3)	65,800.	0.			EDUCATION PROGRAMS, GENERAL SUPPORT, PROGRAM SUPPORT
FRIENDS OF THE FOLDS OF HONOR FOUNDATION - 24 FIRTH ROAD - INVERNESS, IL 60067	45-5382465	501(C)(3)	7,535.	0.			GENERAL SUPPORT
FRIENDS OF THE HENNEPIN COUNTY LIBRARY – 300 NICOLLET MALL – MINNEAPOLIS, MN 55401	36-3579536	501(C)(3)	16,000.	0.			GENERAL SUPPORT, LOCAL LIBRARY EQUITY FUND
GILLETTE CHILDREN'S HOSPITAL FOUNDATION - 200 UNIVERSITY AVE E - SAINT PAUL, MN 55101	41-1200302	501(C)(3)	6,250.	0.			GENERAL SUPPORT

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GOODWILL-EASTER SEALS MINNESOTA							
NW 5798 P.O. BOX 1450							
MINNEAPOLIS, MN 55485	41-0706171	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GREATER MINNEAPOLIS CRISIS NURSERY							
4544 4TH AVENUE SOUTH							GENERAL SUPPORT, PROGRA
MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	5,250.	0.			SUPPORT
GREATER TWIN CITIES UNITED WAY -							
RESTRICTED - 404 SOUTH EIGHTH							RESTRICTED TO SELECT
STREET - MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	43,500.	0.			PROGRAM AREAS
							CAMPAIGN GIFT, GENERAL
GUARDIAN ANGELS SCHOOL							SUPPORT, SUMMER SEMESTE
217 WEST 2ND STREET							CLASS TOWARD AN MA
CHASKA, MN 55318	41-0785167	501(C)(3)	16,800.	0.			THEOLOGY, TUITION
GUEST HOUSE, MI							
1601 JOSLYN ROAD							
LAKE ORION, MI 48360	38-1557146	501(C)(3)	9,935.	0.			GENERAL SUPPORT
GUILD INCORPORATED							
130 S WABASHA STREET, SUITE 90							
ST. PAUL, MN 55107	41-1669233	501(C)(3)	6,800.	0.			GENERAL SUPPORT
GUTHRIE THEATER FOUNDATION							CORONAVIRUS RESPONSE,
818 SOUTH 2ND STREET							GENERAL SUPPORT,
MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	13,400.	0.			PRODUCTION OF "EMMA"
HABITAT FOR HUMANITY TWIN CITIES							
1954 UNIVERSITY AVE W							CAMPAIGN GIFT, GENERAL
SAINT PAUL, MN 55104	36-3363171	501(C)(3)	8,438.	0.			SUPPORT, PROGRAM SUPPOR
HILL MURRAY SCHOOL							CORONAVIRUS RESPONSE, EDUCATION PROGRAMS,
2625 LARPENTEUR AVENUE EAST							GENERAL SUPPORT, PROGRAMS,
MAPLEWOOD, MN 55109		501(C)(3)	69,467.	0.			SUPPORT, SCHOLARSHIP

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HOLY CROSS CATHOLIC SCHOOL 5100 37TH STREET W VEBSTER, MN 55088	41-0954737	501(C)(3)	6,000.	0.			TUITION ASSISTANCE
HOLY FAMILY ACADEMY 5925 WEST LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	13,500.	0.			TUITION ASSISTANCE
HOLY FAMILY ADOPTION AGENCY 7301 BASS LAKE ROAD CRYSTAL, MN 55428	41-1968883	501(C)(3)	12,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LANE VICTORIA, MN 55386	41-1848970	501(C)(3)	10,640.	0.			CAMPAIGN GIFT, DEBT REDUCTION, GENERAL SUPPORT, TUITION ASSISTANCE
HOLY TRINITY SCHOOL 745 – 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	12,000.	0.			TUITION ASSISTANCE
IOLY TRINITY SEMINARY 3131 VINCE HAGAN DRIVE RVING, TX 75062	75-6045735	501(C)(3)	6,500.	0.			GENERAL SUPPORT, SCHOLARSHIP FUND
HOPE ACADEMY INC. 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	200,000.	0.			GENERAL SUPPORT
HOPE FOR THE JOURNEY HOME 8260 4TH STREET NORTH DAKDALE, MN 55128	41-0807574	501(C)(3)	5,250.	0.			GENERAL SUPPORT
IMMACULATE CONCEPTION SCHOOL 4030 JACKSON ST NE COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	19,151.	0.			GENERAL SUPPORT, REIMBURSEMENT FOR LEI AT ND 2019, TUITION ASSISTANCE

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IMMACULATE HEART CHURCH							
PO BOX 155							ENDOWMENT GIFT, GENERAL
CROSSLAKE, MN 56442	41-0905312	501(C)(3)	14,350.	0.			SUPPORT
CROSSLARE, MN 50442	41-0905512	501(0)(5)	14,550.	0.			SUFFORI
INTERFAITH OUTREACH							GENERAL SUPPORT, PREVENT
1605 COUNTY ROAD 101 N							HUNGER, PROGRAM SUPPORT,
PLYMOUTH, MN 55447	36-3482724	501(C)(3)	12,665.	0.			SLEEPOUT & FOODSHELF
HIMOOIII, MN 33447	50 5402724	501(0)(5)	12,005.	0.			
ISAIAH							
2356 UNIVERSITY AVE W SUITE 405							
SAINT PAUL, MN 55114	41-1957358	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BAINT THOE, MY SSTIT	41 1957550	501(0)(5)	10,000.	••			
JEREMIAH PROGRAM							
615 FIRST AVENUE NORTHEAST SUITE							GENERAL SUPPORT, PROGRAM
MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	45,350.	0.			SUPPORT, SCHOLARSHIP FUNI
JESUIT RETREAT HOUSE -							
DEMONTREVILLE - 8243 N.							
DEMONTREVILLE TRAIL - LAKE ELMO,							
MN 55042	41-0705789	501(C)(3)	11,775.	0.			GENERAL SUPPORT
	11 0703703	561(6)(5)					
JESUITS USA MIDWEST PROVINCE							
1010 NORTH HOOKER STREET							GENERAL SUPPORT, RETIRED
CHICAGO, IL 60642	36-2167013	501(C)(3)	8,786.	0.			PRIESTS
KEYSTONE COMMUNITY SERVICES							FOOD SHELF, GENERAL
2000 ST. ANTHONY AVENUE							SUPPORT, MOBILE FOOD
ST. PAUL, MN 55104	41-0693924	501(C)(3)	5,300.	0.			SHELF
,,,,	11 0055521	561(6)(5)	5,500.				
LEAGUE OF CATHOLIC WOMEN							
410 OAK GROVE STREET							
MINNEAPOLIS, MN 55403	41-0415120	501(C)(3)	64,000.	0.			GENERAL SUPPORT
LEGACY CHRISTIAN ACADEMY							
3037 BUNKER LAKE BLVD. NW							
ANDOVER, MN 55304	41-1868252	501(C)(3)	75,000.	0.			CAMPAIGN GIFT

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LITTLE SISTERS OF THE POOR 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102	41-0764112	501(C)(3)	82,411.	0.			GENERAL SUPPORT
LORAS COLLEGE 1450 ALTA VISTA STREET DUBUQUE, IA 52001	42-0680412		31,100.	0.			SCHOLARSHIP FUND
LUMEN CHRISTI CATHOLIC COMMUNITY 2055 BOHLAND AVENUE ST. PAUL, MN 55116	04-3802322	501(C)(3)	12,690.	0.			GENERAL SUPPORT
LUMINARIAS INC. P.O. BOX 40434 SAINT PAUL, MN 55105	47-1046165	501(C)(3)	87,000.	0.			CAPITAL IMPROVEMENTS, GENERAL SUPPORT
MACPHAIL CENTER FOR MUSIC 501 SOUTH SECOND STREET MINNEAPOLIS, MN 55401	41-1729340	501(C)(3)	13,000.	0.			GENERAL SUPPORT, SCHOLARSHIP FUND
MARQUETTE UNIVERSITY - ADVANCEMENT 1250 W. WISCONSIN AVENUE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	32,600.	0.			PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITI ASSISTANCE
MATERNITY OF MARY/ST. ANDREW SCHOOL - 592 ARLINGTON AVENUE WEST - ST. PAUL, MN 55117	41-1654467	501(C)(3)	21,500.	0.			LAB COMPUTERS AND TEACH LAPTOPS, TUITION ASSISTANCE
MAYO CLINIC FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	14,500.	0.			COVID-19 CLINICAL FUND, RESTRICTED TO SPECIFIC RESEARCH
MCCL - EDUCATION FUND 4249 NICOLLET AVENUE MINNEAPOLIS, MN 55409	51-0164086	501(C)(3)	5,171.	0.			EDUCATION PROGRAMS, GENERAL SUPPORT

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MINNESOTA ADULT & TEEN CHALLENGE, INC. – 740 EAST 24TH STREET – MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MINNESOTA INDEPENDENCE COLLEGE AND COMMUNITY - 750-1 LOGAN AVE SO SUITE #2A - RICHFIELD, MN 55423	41-1814112	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
MINNESOTA LANDSCAPE ARBORETUM 3675 ARBORETUM DRIVE	41 1014112	501(0)(3)	,,				
CHASKA, MN 55318	23-7081057	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MINNESOTA MUSEUM OF AMERICAN ART 141 E. 4TH STREET SUITE 101							
SAINT PAUL, MN 55101	41-0726138	501(C)(3)	5,250.	0.			GENERAL SUPPORT
MINNESOTA ORCHESTRA 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	10,250.	0.			GENERAL SUPPORT
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST. PAUL, MN 55101	41-0953924	501(C)(3)	41,240.	0.			CAMPAIGN GIFT, GENERAL SUPPORT
MISSIONARIES OF AFRICA 1622 – 21ST STREET NW							
WASHINGTON, DC 20009	53-0219725	501(C)(3)	23,786.	0.			GENERAL SUPPORT
MISSIONARIES OF CHARITY 335 EAST 145TH STREET							
BRONX, NY 10451	06-1013589	501(C)(3)	8,134.	0.			GENERAL SUPPORT
MISSIONARY SISTERS OF ST. PETER CLAVER - 265 CENTURY AVENUE -							
WOODBURY, MN 55125	41-0718378	501(C)(3)	6,450.	٥.			GENERAL SUPPORT

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MOST HOLY REDEEMER SCHOOL							
205 VINE AVENUE WEST							
MONTGOMERY, MN 56069	41-0747173	501(C)(3)	13,500.	0.			TUITION ASSISTANCE
MOTO HOPE MISSION							
P.O. BOX 1484							
WALKER, MN 56484	45-2482812	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI-MN) - 1919 UNIVERSITY AVE W SUITE 400 - SAINT PAUL, MN							
55104	41-1317030	501(C)(3)	6,038.	0.			GENERAL SUPPORT
NATIVITY OF MARY SCHOOL 9901 E. BLOOMINGTON FRWY. BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	17,500.	0.			TUITION ASSISTANCE, UPDATED WEBSITE AND NEW PRINTED MATERIALS
NATIVITY OF OUR LORD CATHOLIC CHURCH - 1900 WELLESLEY AVENUE -							GENERAL SUPPORT,
ST. PAUL, MN 55105	41-0693956	501(C)(3)	47,307.	0.			, SCHOLARSHIP FUND
NET MINISTRIES 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1637054	501(0)(3)	94,169.	0.			GENERAL SUPPORT, LIFELINF LATINAMENTE
NEW PRAGUE AREA CATHOLIC COMMUNITY							CEMETERY SUPPORT, GENERAL SUPPORT, PROFESSIONAL
215 MAIN STREET EAST	41 0605510	E01/(0)/(2)	40.700	0			DEVELOPMENT, TUITION
NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	49,700.	0.			ASSISTANCE
NORTHERN STAR SCOUTING							
6202 BLOOMINGTON ROAD							GENERAL SUPPORT, PROGRAM
FORT SNELLING, MN 55111	20-3000282	501(C)(3)	6,250.	0.			SUPPORT
NORTHWESTERN UNIVERSITY							
1201 DAVIS STREET			10.000				CAMPAIGN GIFT, PROGRAM
EVANSTON, IL 60208	36-2167817	501(C)(3)	10,000.	0.			SUPPORT

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							CAMPAIGN GIFT, GENERAL		
NOTRE DAME ACADEMY							SUPPORT, REIMBURSEMENT		
13505 EXCELSIOR BLVD							FOR LEI AT ND 2019,		
MINNETONKA, MN 55345	46-1333219	501(C)(3)	18,725.	0.			TUITION ASSISTANCE		
NPH USA-FRIENDS OF THE ORPHANS							CAMPAIGN GIFT, GENERAL		
.34 NORTH LA SALLE STREET SUITE 5							SUPPORT, SPONSORSHIP		
CHICAGO, IL 60602	65-1229309	501(C)(3)	16,196.	0.			CONTRIBUTION		
NPH-USA/FRIENDS OF THE ORPHANS									
1400 VAN BUREN STREET NE SUITE 210									
MINNEAPOLIS, MN 55413	65-1229309	501(C)(3)	95,150.	0.			GENERAL SUPPORT		
,			,						
ONE WORLD SURGERY									
510 LAKE COOK ROAD SUITE 400									
DEERFIELD, IL 60015	47-5128573	501(C)(3)	21,000.	0.			GENERAL SUPPORT		
OUR LADY OF GRACE SCHOOL									
5051 EDEN AVENUE									
EDINA, MN 55436	41-0705765	501(C)(3)	7,333.	0.			SCHOLARSHIP FUND		
OUD LADY OF DEACE HOME									
OUR LADY OF PEACE HOME									
2076 ST. ANTHONY AVENUE	41 1206047	$F(1/\alpha)/2$	16.006	0					
ST. PAUL, MN 55104	41-1306947	501(C)(3)	16,906.	0.			GENERAL SUPPORT		
OUR LADY OF PEACE SCHOOL									
5435 11TH AVENUE SOUTH									
MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	8,000.	0.			TUITION ASSISTANCE		
AINMENIOLID, MY 33417	41 100/004	501(0)(5)	0,000.	••					
OUR LADY OF THE LAKE SCHOOL									
2411 COMMERCE BLVD.									
MOUND, MN 55364	41-0718339	501(C)(3)	10,000.	0.			TUITION ASSISTANCE		
100MD, MA 55504	41 0/10339		10,000.				ISTICK ADDIDIANCE		
OUR LADY OF THE MOUNTAINS CATHOLIC									
CHURCH - 920 BIG THOMPSON AVE									
ESTES PARK, CO 80517	84-0892448	501(C)(3)	25,000.	0.			CAMPAIGN GIFT		

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PACELLI CATHOLIC SCHOOL							
311 - 4TH STREET NW							GENERAL SUPPORT, TUITION
AUSTIN, MN 55912	20-4023381	501(C)(3)	10,038.	0.			, ASSISTANCE
PAGE EDUCATION FOUNDATION 901 N 3RD STREET, SUITE 355							
MINNEAPOLIS, MN 55401	36-3605013	501(C)(3)	100,000.	0.			GENERAL SUPPORT
<i>.</i>							DIRECT EMERGENCY
PARISH OF SAINTS JOACHIM AND ANNE 2700 - 17TH AVENUE EAST							ASSISTANCE TO INDIVIDUALS AND FAMILIES, GENERAL
SHAKOPEE, MN 55379	41-0747179	501(C)(3)	36,900.	0.			SUPPORT
PAX CHRISTI CATHOLIC COMMUNITY 12100 PIONEER TRAIL							GENERAL SUPPORT, JUST FAITH PROGRAM
EDEN PRAIRIE, MN 55347	41-1223312	501(C)(3)	15,000.	0.			REIMBURSEMENT
PREGNANCY CHOICES LIFECARE CENTER 15010 GLAZIER AVENUE							CAMPAIGN GIFT, GENERAL SUPPORT, OFFSETTING THE
APPLE VALLEY, MN 55124	20-5272922	501(C)(3)	10,500.	0.			COST OF ACCREDITATION
PREGNANCY RESOURCE CENTER OF CAMBRIDGE - 140 BUCHANAN STREET NO SUITE 138 - CAMBRIDGE, MN 55008	41-1757917	501(C)(3)	11,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PRESENTATION OF THE BLESSED VIRGIN							
MARY SCHOOL - 1695 KENNARD ST							GENERAL SUPPORT, TUITION
MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	11,000.	0.			ASSISTANCE
PRO ECCLESIA SANCTA							CAPITAL IMPROVEMENTS,
2001 DAYTON AVENUE							GENERAL SUPPORT, PROGRAM
SAINT PAUL, MN 55104	61-1880672	501(C)(3)	100,500.	0.			SUPPORT
PRO ECCLESIA SANCTA - SACRED HEART OF JESUS CONVENT - 8650 RUSSELL							CAPITAL IMPROVEMENTS, GENERAL SUPPORT,
AVE SOUTH - BLOOMINGTON, MN 55431	61-1880672	501(C)(3)	66,250.	0.			PROFESSIONAL DEVELOPMENT

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PROLIFE ACROSS AMERICA							
P.O. BOX 18669							
MINNEAPOLIS, MN 55418	41-1654040	501(C)(3)	5,950.	0.			GENERAL SUPPORT
PRO-LIFE ACTION MINISTRIES							
1163 PAYNE AVENUE							
SAINT PAUL, MN 55130	41-1517055	501(C)(3)	7,950.	0.			GENERAL SUPPORT
PROVIDENCE ACADEMY							CORONAVIRUS RESPONSE,
15100 SCHMIDT LAKE ROAD							GENERAL SUPPORT, TUITION
PLYMOUTH, MN 55446	41-1883866	501(C)(3)	41,700.	0.			, ASSISTANCE
PROVINCE OF OUR LADY OF							
CONSOLATION - 103 ST. FRANCIS							
BLVD MOUNT ST. FRANCIS, IN							CAPITAL IMPROVEMENTS,
47146	35-6019627	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
RED CLOUD INDIAN SCHOOL							
100 MISSION DRIVE							
PINE RIDGE, SD 57770	46-0275071	501(C)(3)	5,400.	0.			GENERAL SUPPORT
REISER RELIEF INC.							
P.O. BOX 48096							
COON RAPIDS, MN 55448	87-0778133	501(C)(3)	5,538.	0.			GENERAL SUPPORT
RELEVANT RADIO							
P.O. BOX 10707							CAMPAIGN GIFT, GENERAL
	39-2003067	501(0)(3)	136,315.	0.			SUPPORT
GREEN BAY, WI 54307	39-2003007	501(0)(3)	150,515.	0.			SUFFORT
RESPECT LIFE OFFICE							
777 FOREST STREET NORTH							
SAINT PAUL, MN 55106	41-0693908	501(C)(3)	11,322.	0.			GENERAL SUPPORT
							ADVANCEMENT DEPT SERVER,
RISEN CHRIST CATHOLIC SCHOOL							IMACS, VOLUNTEER MAC,
1120 EAST 37TH STREET							SOFTWARE, CAMPAIGN GIFT,
MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	81,500.	0.			GENERAL SUPPORT, MCRF

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART HAITI MISSION FOUNDATION - 3304 LAKE STREET NW - ROCHESTER, MN 55901	41-2014439	501(C)(3)	5,200.	0.			GENERAL SUPPORT
SACRED HEART SCHOOL 4050 HUBBARD AVE N ROBBINSDALE, MN 55422	41-0834785	501(C)(3)	23,500.	0.			DESKTOP MAC COMPUTERS FO COMPUTER LAB, TUITION ASSISTANCE
SAINT AGNES SCHOOL 530 LAFOND AVENUE ST. PAUL, MN 55103	41-0694737	501(C)(3)	65,650.	0.			CAMPAIGN GIFT, GENERAL SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE
SAINT JOHN SCHOOL OF LITTLE CANADA 2621 MCMENEMY ROAD LITTLE CANADA, MN 55117	41-0781158	501(C)(3)	18,400.	0.			TUITION ASSISTANCE
SAINT JOHN VIANNEY SEMINARY 2115 SUMMIT AVENUE, MAIL #5024 ST. PAUL, MN 55105	41-0943747	501(C)(3)	1,000,103.	0.			CAPITAL IMPROVEMENTS, GENERAL SUPPORT, SCHOLARSHIP FUND, TUITIO ASSISTANCE
SAINT JOHN'S ABBEY PO BOX 2015 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	17,000.	0.			CAPITAL IMPROVEMENTS, GENERAL SUPPORT
SAINT PAUL CHAMBER ORCHESTRA SOCIETY – 408 SAINT PETER STREET – SAINT PAUL, MN 55102	41-0829498	501(C)(3)	39,200.	0.			CAMPAIGN GIFT, GENERAL SUPPORT, PROGRAM SUPPORT
SAINT PAUL'S OUTREACH 5814 BLACKSHIRE PATH INVER GROVE HEIGHTS, MN 55076	41-1621192	501(C)(3)	146,231.	0.			CAMPAIGN GIFT, GENERAL SUPPORT, MISSIONARY SUPPORT
SALESIAN MISSIONS 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	24,661.	0.			GENERAL SUPPORT, PROGRAMMING IN TANZANIA

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		if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NORTHERN DIVISION							
2445 PRIOR AVENUE							GENERAL SUPPORT, PROGRAM
ROSEVILLE, MN 55113	36-3805307	501(C)(3)	11,575.	0.			SUPPORT
SAMARITAN'S PURSE							
P.O. BOX 3000							
BOONE, NC 28607	58-1437002	501(C)(3)	5,400.	0.			GENERAL SUPPORT
							GENERAL SUPPORT, PROGRAM
SCHOOL SISTERS OF NOTRE DAME							SUPPORT, SENIOR CARE OF
170 GOOD COUNSEL DRIVE							SISTER OF THE SCHOOL
MANKATO, MN 56001	41-0693976	501(C)(3)	16,296.	0.			SISTERS OF NOTRE DAME
							CAMPAIGN GIFT,
SECOND HARVEST HEARTLAND							CORONAVIRUS RESPONSE,
7101 WINNETKA AVE N							EMERGENCY FOOD, GENERAL
BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	34,583.	0.			SUPPORT
CECULAR INCRIMINE OF COUCENCRAM							
SECULAR INSTITUTE OF SCHOENSTATT SISTERS OF M - W284 N404 CHERRY							
	39-6068703	F(1/2)/2	10 500	0.			GENERAL SUPPORT
LANE - WAUKESHA, WI 53188	39-6068703	501(C)(3)	10,500.	0.			GENERAL SUPPORT
SHAKOPEE AREA CATHOLIC SCHOOL							
2700 - 17TH AVENUE EAST							
SHAKOPEE, MN 55379	41-0961357	501(C)(3)	9,500.	0.			TUITION ASSISTANCE
SHARING AND CARING HANDS							
525 NORTH 7TH STREET							GENERAL SUPPORT, PROGRAM
MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	100,717.	0.			SUPPORT
SISTERS OF ST. JOSEPH OF	50 5412019		100,717.	0.			GENERAL SUPPORT, LEARNIN
CARONDELET MINISTRIES - 1884							IN STYLE SCHOOL FOR NEED
RANDOLPH AVENUE - ST. PAUL, MN							OF STUDENTS DURING VIRUS
55105	41-1765361	501(C)(3)	10,590.	0.			EPIDEMIC, MINISTRIES
	11 1,00001		10,000	0.			GENERAL SUPPORT, NEEDS O
ST. ALPHONSUS SCHOOL							THE PRESCHOOL, TUITION
7031 HALIFAX AVENUE NORTH							ASSISTANCE, UPGRADE THE
BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	43,585.	0.			CAFETERIA

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	i ted States (Scho	edule I (Form 990), Pa I	art II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE'S SCHOOL							CAPITAL IMPROVEMENTS,
511 4TH STREET NO.							GENERAL SUPPORT, TUITION
LE SUEUR, MN 56058	41-0724077	501(C)(3)	11,700.	٥.			ASSISTANCE
ST. BARTHOLOMEW CATHOLIC FAITH							CAMPAIGN GIFT, CATHOLIC
COMMUNITY - 630 WAYZATA BOULEVARD							SERVICES APPEAL, GENERAL
EAST - WAYZATA, MN 55391	41-0711478	501(C)(3)	66,970.	0.			SUPPORT
,			, ,				FOOD SHELF, GENERAL
ST. CATHERINE UNIVERSITY							SUPPORT, NURSING/PRE-MED
2004 RANDOLPH AVENUE							AT ST. CATHERINE'S
ST. PAUL, MN 55105	41-0695509	501(C)(3)	88,605.	0.			UNIVERSITY, PROGRAM
ST. CHARLES BORROMEO SCHOOL							
2727 STINSON BLVD NE							
ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	7,000.	0.			TUITION ASSISTANCE
ST. CHRISTOPHER INN-GRAYMOOR							
PO BOX 150							
GARRISON, NY 10524	13-3668321	501(C)(3)	21,000.	٥.			GENERAL SUPPORT
							GENERAL SUPPORT, PROGRAM
ST. CROIX CATHOLIC SCHOOL							SUPPORT, SUMMER SEMESTER
621 THIRD STREET SOUTH							OF THE MISSION AND
STILLWATER, MN 55082	41-1731931	501(C)(3)	68,235.	0.			CULTURE CHALLENGES IN
							GENERAL SUPPORT, TUITION
ST. DOMINIC SCHOOL							ASSISTANCE, TECHNOLOGY
216 NORTH SPRING STREET							PLUS INDOOR AND OUTDOOR
NORTHFIELD, MN 55057	41-0711501	501(C)(3)	23,700.	0.			CAPITAL IMPROVEMENTS
ST. EDWARD CATHOLIC CHURCH							
201 DOUGLAS AVENUE							GENERAL SUPPORT, PROGRAM
HENNING, MN 56551	41-1771022	501(C)(3)	5,500.	٥.			SUPPORT
ST. EDWARD'S CATHOLIC CHURCH							
P.O. BOX 38							GENERAL SUPPORT, PROGRAM
LONGVILLE, MN 56655	41-1314934	501(C)(3)	6,690.	٥.			SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ELIZABETH ANN SETON SCHOOL 600 TYLER STREET HASTINGS, MN 55033	41-1587210	501(C)(3)	6,000.	0.			TUITION ASSISTANCE
ST. FRANCIS XAVIER SCHOOL 219 19TH STREET NW BUFFALO, MN 55313	41-0737223		6,000.	0.			TUITION ASSISTANCE
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6 INTERLACHEN ROAD - HOPKINS, MN 55343	41-0729969		74,500.	0.			CAPITAL IMPROVEMENTS, DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, EDUCATION
ST. GABRIEL THE ARCHANGEL PARISH 900 GEIGER STREET NEENAH, WI 54956	39-0983475	501(C)(3)	6,400.	0.			CAMPAIGN GIFT, GENERAL SUPPORT
ST. HELENA SCHOOL 3200 E. 44TH STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	37,500.	0.			GENERAL SUPPORT, IPADS, APPLE TV, 3 TVS IMAC, TUITION ASSISTANCE
ST. ISABEL CATHOLIC CHURCH 3559 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957	59-2336842	501(C)(3)	6,500.	0.			CAMPAIGN GIFT, GENERAL SUPPORT
ST. JEROME SCHOOL 384 ROSELAWN AVENUE EAST MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	101,500.	0.			PROGRAM SUPPORT, TOOLS AND RESOURCES FOR SENIOR DEVELOPMENT DIRECTOR, TUITION ASSISTANCE
ST. JOHN PAUL II CATHOLIC PREPARATORY SCHOOL - 1630 NE 4TH STREET - MINNEAPOLIS, MN 55413	41-0953697	501(C)(3)	87,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, TUITION ASSISTANCE
ST. JOHN THE BAPTIST CATHOLIC MONTESSORI SCHOOL - 638 MILL STREET - EXCELSIOR, MN 55331	41-0721661	501(C)(3)	10,000.	0.			SCHOLARSHIP FUND, TUITION ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN THE BAPTIST SCHOOL 845 - 2ND AVENUE NW NEW BRIGHTON, MN 55112	41-0732798	501(C)(3)	9,000.	0.			TUITION ASSISTANCE
ST. JOHN THE BAPTIST SCHOOL 12508 LYNN AVENUE SOUTH SAVAGE, MN 55378	41-0791350		21,000.	0.			SCHOLARSHIP FUND, TUITION
ST. JOHN THE EVANGELIST CHURCH 4230 ST. JOHNS AVENUE DULUTH, MN 55803	41-0854765	501(C)(3)	39,000.	0.			TUITION ASSISTANCE
ST. JOHN'S SCHOOL OF THEOLOGY AND SEMINARY - PO BOX 5866 - COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	8,950.	0.			BENEDICTINE VOCATIONS, GENERAL SUPPORT
ST. JOHN'S UNIVERSITY PO BOX 7222 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	235,100.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENTS, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP FUND, ST.
ST. JOSEPH ORATORY 631 1ST AVENUE SOUTH SLEEPY EYE, MN 56085	41-0831972	501(C)(3)	32,000.	0.			DEMOLITION COST
ST. JOSEPH SCHOOL 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	6,000.	0.			TUITION ASSISTANCE
ST. JOSEPH'S HOME FOR CHILDREN 1200 SECOND AVE. SOUTH MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	18,836.	0.			GENERAL SUPPORT
ST. JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	6,000.	0.			TUITION ASSISTANCE

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Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL – 501 ST. JUDE PLACE – MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,300.	0.			GENERAL SUPPORT
ST. JUDE OF THE LAKE SCHOOL 600 MAHTOMEDI AVE MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	10,250.	0.			MATCHING GIFT, TUITION ASSISTANCE
ST. LAWRENCE CATHOLIC CHURCH 2410 MORRIS THOMAS RD DULUTH, MN 55811	41-0871082	501(C)(3)	5,600.	0.			GENERAL SUPPORT
ST. LAWRENCE-NEWMAN UNIVERSITY PARISH - 1203 - 5TH STREET SE - MINNEAPOLIS, MN 55414	41-0702598	501(C)(3)	6,600.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ST. MARGARET OF CORTONA CATHOLIC CHURCH – 107 EAST 1ST STREET – BIG LAKE, TX 76932	20-0617542	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. MARY CATHOLIC CHURCH 124 5TH STREET SE COOK, MN 55723	41-0908605	501(C)(3)	6,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ST. MATTHEW - EDUCATION 490 HALL AVENUE SAINT PAUL, MN 55107	41-0707559	501(C)(3)	87,800.	0.			EDUCATION PROGRAMS
ST. MAXIMILIAN KOLBE CATHOLIC SCHOOL – 235 SOUTH 2ND STREET – DELANO, MN 55328	41-0726145	501(C)(3)	9,500.	0.			TUITION ASSISTANCE
ST. OLAF CATHOLIC CHURCH 215 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-0754589	501(C)(3)	55,150.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PASCAL BAYLON SCHOOL							GENERAL SUPPORT, THE ND STEP PROGRAM AT THE
1757 CONWAY STREET							MCGRATH INSTITUTE,
ST. PAUL, MN 55106	41-0704479	501(C)(3)	40,198.	0.			TUITION ASSISTANCE,
ST. PAUL ACADEMY AND SUMMIT SCHOOL 1712 RANDOLPH AVENUE							
ST. PAUL, MN 55105	41-0943433	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. PAUL AND MINNESOTA FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 ST. PAUL, MN 55101	41-6031510	501(C)(3)	11,100.	0.			MN DISASTER RELIEF FUND, PROGRAM SUPPORT
ST. PETER CLAVER SCHOOL 1060 WEST CENTRAL AVENUE	41 0824042	E01(C)(2)	66,600				
ST. PAUL, MN 55104	41-0824943	501(C)(3)	66,600.	0.			TUITION ASSISTANCE
ST. PETER SCHOOL 2620 MARGARET ST N							GENERAL SUPPORT, TUITION
NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	16,300.	0.			ASSISTANCE
ST. PETER SCHOOL 1250 SOUTH SHORE DRIVE							
FOREST LAKE, MN 55025	41-0799304	501(C)(3)	7,500.	0.			TUITION ASSISTANCE
ST. RAPHAEL SCHOOL 7301 BASS LAKE ROAD							GENERAL SUPPORT, SCHOLARSHIP FUND, TUITION
CRYSTAL, MN 55428	41-0729961	501(C)(3)	20,500.	0.			ASSISTANCE GENERAL SUPPORT,
ST. ROSE OF LIMA SCHOOL							SCHOLARSHIP FUND, SCHOOL
2072 N. HAMLINE AVE.				_			WEBSITE DEVELOPMENT,
ROSEVILLE, MN 55113	41-0790158	501(C)(3)	9,700.	0.			TUITION ASSISTANCE
ST. STEPHEN SCHOOL 506 JACKSON STREET							
ANOKA, MN 55303	41-0713861	501(C)(3)	7,000.	٥.			TUITION ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN'S HUMAN SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ST. THERESE FOUNDATION 1660 SOUTH HWY 100, SUITE #103 ST. LOUIS PARK, MN 55416	41-1704381	501(C)(3)	9,100.	0.			GENERAL SUPPORT
ST. THERESE SCHOOL 18325 MINNETONKA BLVD. DEEPHAVEN, MN 55391	41-0790147		14,000.	0.			CAPITAL IMPROVEMENTS, TUITION ASSISTANCE
ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	41-6045110	501(C)(3)	63,649.	0.			CAMPAIGN GIFT, GENERAL SUPPORT, SCHOLARSHIP FUND
ST. THOMAS AQUINAS CATHOLIC SCHOOL 810 - 5TH STREET INTERNATIONAL FALLS, MN 56649	41-0799786	501(C)(3)	61,500.	0.			GENERAL SUPPORT
ST. THOMAS MORE CATHOLIC SCHOOL 1065 SUMMIT AVENUE ST. PAUL, MN 55105	41-1691889	501(C)(3)	6,150.	0.			SPRING SEMESTER OF THE SCHOOL OF DISCIPLESHIP, TUITION ASSISTANCE
ST. TIMOTHY GRADE SCHOOL 241 STAR STREET E MAPLE LAKE, MN 55358	41-0727399	501(C)(3)	12,500.	0.			TUITION ASSISTANCE
ST. VINCENT DE PAUL REGIONAL SEMINARY - 10701 SOUTH MILITARY TRAIL - BOYNTON BEACH, FL 33436	59-1028326	501(C)(3)	10,000.	0.			CAPITAL IMPROVEMENTS
ST. WENCESLAUS SCHOOL 227 EAST MAIN STREET NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	6,000.	0.			TUITION ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TS. PETER & PAUL CATHOLIC CHURCH							
P.O. BOX 69 BELGRADE, MN 56312	41-0711465	501(C)(3)	24,000.	0.			CAPITAL IMPROVEMENTS
EACH FOR CHRIST 320 MAINSTREET SOPKINS, MN 55343	82-0722101	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HE ARTS PARTNERSHIP 45 WASHINGTON STREET AINT PAUL, MN 55102	26-2507419	501(C)(3)	5,250.	0.			GENERAL SUPPORT
THE DYLAN WITSCHEN FOUNDATION							
NDOVER, MN 55304	27-3623770	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HE INSTITUTE FOR PRIESTLY ORMATION - 2500 CALIFORNIA PLAZA OMAHA, NE 68178	52-1907182	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HE LABOURE SOCIETY 365 CORPORATE CENTER CURVE SUITE	41 0001751		0.050				
AGAN, MN 55121 HE LEADERSHIP INSTITUTE 101 NORTH HIGHLAND STREET	41-2001751	501(C)(3)	9,350.	0.			GENERAL SUPPORT
ARLINGTON, VA 22201	51-0235174	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE MINNESOTA OPERA							
MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	11,750.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 101 WEST RIVER PARKWAY SUITE #20							
INNEAPOLIS, MN 55415	53-0242652	501(C)(3)	7,000.	٥.			GENERAL SUPPORT

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							ARCHBISHOP FLYNN
THE SAINT PAUL SEMINARY							CATECHETICAL INSTITUTE,
2260 SUMMIT AVENUE ST. PAUL, MN 55105	41-0693969	501(C)(3)	937,698.	0.			CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL SUPPORT,
51. FROI, MN 55105	41 0000000	501(0)(5)	557,050.	0.			SIFI, GENERAL SUFFORI,
THE SOCIETY OF GILBERT KEITH CHESTERTON - 1320 MANTSTREET -							
HOPKINS, MN 55343	41-1865930	501(C)(3)	17,000.	0.			PILGRIMAGE
THE WAY OF THE SHEPHERD CATHOLIC							
MONTESSORI - 13200 CENTRAL AVE	41 1016120	F01 (g) (2)	F1 000	0			GENERAL SUPPORT, MATCHING
NORTHEAST - BLAINE, MN 55434	41-1916137	501(C)(3)	51,000.	0.			GIFT, TUITION ASSISTANCE CURRICULUM: WOMEN'S
TOTINO-GRACE HIGH SCHOOL							VOICES N THEOLOGY,
1350 GARDENA AVENUE NE							GENERAL SUPPORT, SUMMER
FRIDLEY, MN 55432	41-0649228	501(C)(3)	72,950.	0.			INST CATH SCH LEADERSHIP,
TPT TWIN CITIES PBS							
172 EAST 4TH STREET							
ST. PAUL, MN 55101	41-0769851	501(C)(3)	5,740.	0.			GENERAL SUPPORT
MD REHOUCE							
TREEHOUSE 5757 WAYZATA BLVD							
ST. LOUIS PARK, MN 55416	36-3287099	501(C)(3)	15,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
51. 10015 FARE, MR 55410	30 3207099	501(0)(5)	15,000.	0.			DUTTORI
UNION GOSPEL MISSION							
77 NINTH STREET EAST							GENERAL SUPPORT, PROGRAM
ST. PAUL, MN 55101	41-0705847	501(C)(3)	11,392.	0.			SUPPORT
UNITED WAY OF WASHINGTON COUNTY							
EAST - RESTRICTED - P.O. BOX 305 -							RESTRICTED TO SELECT
STILLWATER, MN 55082	41-0855267	501(C)(3)	5,250.	0.			PROGRAM AREAS
UNIVERSITY OF MINNESOTA FOUNDATION							CAMPAIGN GIFT, GENERAL
200 OAK STREET SE SUITE 500							SUPPORT, RESTRICTED TO
MINNEAPOLIS, MN 55455	41-6042488	E01(0)(2)	34,000.	0.			SPECIFIC RESEARCH

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME 1251 NORTH EDDY ST, SUITE 300 SOUTH BEND, IN 46617	35-0868188	501(C)(3)	337,000.	0.			A FELLOWSHIP, ALLIANCE FOR CATHOLIC EDUCATION, CAMPAIGN GIFT, ENDOWMENT FOR EXCELLENCE IN
UNIVERSITY OF NOTRE DAME - ACE 107 CAROLE SANDNER HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	12,000.	0.			TWIN CITIES REGIONAL LEI APRIL 28-30, 2020
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE, AQU 100 ST. PAUL, MN 55105	41-0693970	501(C)(3)	115,475.	0.			CATHOLIC STUDIES, DOUGHERTY FAMILY COLLEGE GENERAL SUPPORT, NURSING/PRE-MED AT
URBAN HOMEWORKS INC. 2015 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	41-1821520	501(C)(3)	500,000.	0.			GENERAL SUPPORT
URBAN VENTURES 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	50,000.	0.			GENERAL SUPPORT
VALLEY OUTREACH 1911 CURVE CREST BLVD W STILLWATER, MN 55082	41-1452973	501(C)(3)	5,800.	0.			CORONAVIRUS RESPONSE, FOOD & CLOTHING, GENERAL SUPPORT
VISITATION MONASTERY OF MINNEAPOLIS – 1527 FREMONT AVENUE NORTH – MINNEAPOLIS, MN 55411	41-1651709	501(C)(3)	12,700.	0.			CAPITAL IMPROVEMENTS, GENERAL SUPPORT
VISITATION SCHOOL 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	26,333.	0.			CAMPAIGN GIFT, GENERAL SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE
WAKOTA LIFE CARE CENTER 1140 SOUTH ROBERT WEST ST. PAUL, MN 55118	41-1279340	501(C)(3)	5,900.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENTS, GENERAL SUPPORT

Schedule I (Form 990) OF MINNESOTA

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
			non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
36-2216163	501(C)(3)	5 100	0			GENERAL SUPPORT
50 2210105	501(0)(3)	5,100.				
	36-2216163	36-2216163 501(C)(3)	36-2216163 501(C) (3) 5,100.	36-2216163 501(C)(3) 5,100. 0.		

Schedule I (Form 990) (2019)

OF MINNESOTA

41-1744184

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WHEN GRANTS ARE PROVIDED FOR A SPECIFIC PURPOSE, AN OUTCOME REPORT IS SENT

TO EACH GRANTEE, REQUESTING THAT THE GRANTEE COMMUNICATE HOW THE GRANT WAS

USED. HOWEVER, IF THE GRANT IS UNRESTRICTED OR FOR GENERAL USE, AN OUTCOME

REPORT IS NOT REQUESTED FROM THE GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACADEMY OF HOLY ANGELS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SCHOLARSHIP FUND,

Schedule I (Form 990) OF MI Part IV Supplemental Information

SUMMER SEMESTER CLASS TOWARD AN MA THEOLOGY, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: BLESSED TRINITY CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15K FOR TECH GRANT MATCH; \$5 FOR

ADVANCEMENT, MCRF OPERATIONAL SUPPORT, NEEDS OF THE PRESCHOOL, TUITION

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CORONAVIRUS RESPONSE,

GENERAL SUPPORT, MISSION IMPACT GRANT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BAHAMAS HURRICANE, CORONAVIRUS

RESPONSE, GENERAL SUPPORT, HURRICANE DORIAN DISASTER RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: CHESTERTON ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENDOWMENT GIFT, GENERAL SUPPORT,

MATCHING GIFT, SCHOLARSHIP FUND, SPRING SEMESTER OF THE SCHOOL OF PRAYER,

TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF OUR LADY OF GRACE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, ENDOWMENT GIFT,

GENERAL SUPPORT, MISSION SUPPORT, PROFESSIONAL DEVELOPMENT, SCHOLARSHIP

FUND

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF SAINT AMBROSE OF WOODBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS, GENERAL

SUPPORT, PURCHASE RELIGIOUS ARTICLES FOR THE CHURCH, TUITION ASSISTANCE

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NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. ALPHONSUS (H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, GENERAL SUPPORT,

PARISH CAMPUS SECURITY PROJECT, ST JOSEPH SCHOOL, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. MARY OF THE LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROFESSIONAL

DEVELOPMENT, REIMBURSEMENT FOR JUSTFAITH REGISTRATION AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. MICHAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENTS,

EDUCATION PROGRAMS, GENERAL SUPPORT, PROGRAM SUPPORT, REIMBURSEMENT 2019

BOSCO CONFERENCE (4 TRAVELERS)

Schedule I (Form 990)

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. STEPHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT,

OUTREACH PROGRAMS SERVING THOSE IN NEED, ST. STEPHEN OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. STEPHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: BALANCE OF REIMBURSEMENT FOR

JUSTMATTERS REGISTATION AND MATERIALS, DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES

13131211 131839 053-029835-00

CATHOLIC	COMMUNITY	FOUNDATION
OF MINNES	Sota	

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ASCENSION

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, FAITH FORMATION, GENERAL SUPPORT, MCRF

OPERATIONAL SUPPORT

Part IV Supplemental Information

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ASSUMPTION

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, FAITH FORMATION, GENERAL SUPPORT, MCRF

OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE HOLY CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, NE CATHOLIC

COLLECTIVE'S CATHOLIC SOCIAL TEACHING COURSE, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE HOLY NAME OF JESUS

(H) PURPOSE OF GRANT OR ASSISTANCE: CEMETERY SUPPORT, GENERAL SUPPORT,

NEW COMPUTERS AND ASSOCIATED EQUIPMENT FOR SCHOOL, PROGRAM SUPPORT,

RECORDING OF ONLINE MASSES DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE IMMACULATE CONCEPTION

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CHURCH OF THE IMMACULATE HEART OF MARY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS, CATHOLIC

CHARITIES, FAITH FORMATION, GENERAL SUPPORT, SCHOLARSHIP FUND, TUITION

ASSISTANCE

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NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE INCARNATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT EMERGENCY ASSISTANCE TO

INDIVIDUALS AND FAMILIES, GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENTS,

GENERAL SUPPORT, MCRF OPERATIONAL SUPPORT, NEEDS OF THE PRESCHOOL,

REIMBURSEMENT ENL MODULES AFTER LEI, REIMBURSEMENT FOR LEI AT ND 2019,

TUITION ASSISTANCE

Schedule I (Form 990)

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CRETIN-DERHAM HALL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENTS,

CORONAVIRUS RESPONSE, GENERAL SUPPORT, GUATEMALA PROGRAM, PROGRAM

SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CRISTO REY JESUIT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SCHOLARSHIP FUND,

TUITION ASSISTANCE, WIFI HOT SPOT DONATION FOR STUDENT REMOTE ACCESS.

NAME OF ORGANIZATION OR GOVERNMENT: DIVINE MERCY CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS, DIRECT

EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, GENERAL SUPPORT, MCRF

OPERATIONAL SUPPORT, MISSIONARY SUPPORT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FRASSATI CATHOLIC ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING GIFT, MCRF OPERATIONAL

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Schedule I (Form 990)

Schedule I (Form 990) OF MI Part IV Supplemental Information

SUPPORT, ONE YEAR MARKETING AND ENROLLMENT SPECIALIST, SCHOLARSHIP FUND,

TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: GUARDIAN ANGELS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, GENERAL SUPPORT,

SUMMER SEMESTER CLASS TOWARD AN MA THEOLOGY, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: HILL MURRAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CORONAVIRUS RESPONSE, EDUCATION

PROGRAMS, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITION

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: RISEN CHRIST CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCEMENT DEPT SERVER, IMACS,

VOLUNTEER MAC, SOFTWARE, CAMPAIGN GIFT, GENERAL SUPPORT, MCRF OPERATIONAL

SUPPORT, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

SISTERS OF ST. JOSEPH OF CARONDELET MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LEARNING IN STYLE

SCHOOL FOR NEEDS OF STUDENTS DURING VIRUS EPIDEMIC, MINISTRIES

FOUNDATION, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. CATHERINE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SHELF, GENERAL SUPPORT,

NURSING/PRE-MED AT ST. CATHERINE'S UNIVERSITY, PROGRAM SUPPORT,

SCHOLARSHIP FUND

Schedule I (Form 990)

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Schedule I (Form 990) OF MII Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. CROIX CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAM SUPPORT,

SUMMER SEMESTER OF THE MISSION AND CULTURE CHALLENGES IN EDUCATION - 2

COURSE STUDY, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS, DIRECT

EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES, EDUCATION PROGRAMS,

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN'S UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENTS,

GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP FUND, ST. JOHN'S MONASTERY,

YOUTH IN THEOLOGY AND MINISTRY: LOCAL LATINO REGISTRATIONS

NAME OF ORGANIZATION OR GOVERNMENT: ST. PASCAL BAYLON SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE ND STEP PROGRAM

AT THE MCGRATH INSTITUTE, TUITION ASSISTANCE, UPDATE ONE MIDDLE SCHOOL

CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT: THE SAINT PAUL SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ARCHBISHOP FLYNN CATECHETICAL

INSTITUTE, CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL SUPPORT, MSGR. JEROME

QUINN INSTITUTE, ON-GOING CLERGY FORMATION, SCHOLARSHIP FUND, TUITION

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: TOTINO-GRACE HIGH SCHOOL

Schedule I (Form 990)

Schedule I (Form 990) OF MI Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CURRICULUM: WOMEN'S VOICES N

THEOLOGY, GENERAL SUPPORT, SUMMER INST CATH SCH LEADERSHIP, TUITION

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NOTRE DAME

(H) PURPOSE OF GRANT OR ASSISTANCE: A FELLOWSHIP, ALLIANCE FOR CATHOLIC

EDUCATION, CAMPAIGN GIFT, ENDOWMENT FOR EXCELLENCE IN MECHANICAL

ENGINEERING, GENERAL SUPPORT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ST. THOMAS

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC STUDIES, DOUGHERTY FAMILY

COLLEGE, GENERAL SUPPORT, NURSING/PRE-MED AT UNIVERSITY OF ST. THOMAS,

PROGRAM SUPPORT, SCHOLARSHIP FUND

Schedule I (Form 990)

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2019			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	13	J	
Department of the Treasury	Attach to Form 990.		Open to Inspe			
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organizati			identificatio		nber	
Part I Questio	OF MINNESOTA ns Regarding Compensation	41	1/4410	4		
				Yes	No	
12 Check the approx	priate box(es) if the organization provided any of the following to or for a person listed on Forr	n 000		res	No	
	A, line 1a. Complete Part III to provide any of the following to of for a person listed on For	11 990,				
	charter travel Housing allowance or residence for pers	onaluse				
Travel for co	, i i i i i i i i i i i i i i i i i i i					
	fication and gross-up payments I Health or social club dues or initiation fe					
	/ spending account Personal services (such as maid, chauff	eur, chef)				
b If any of the boxe	s 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		1b			
2 Did the organizati	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indicate which, if	any, of the following the organization used to establish the compensation of the organization	'S				
	rector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
	sation of the CEO/Executive Director, but explain in Part III.					
X Compensation						
	compensation consultant					
X Form 990 of	other organizations X Approval by the board or compensation	committee				
4 During the year of	lid any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	related organization:					
-	nce payment or change-of-control payment?		4a		X	
	receive payment from, a supplemental nonqualified retirement plan?				X	
	eceive payment from, an equity-based compensation arrangement?				X	
	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For persons listed	l on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
contingent on the						
					X	
	ization?		5b		X	
	n or 5b, describe in Part III.					
-	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
contingent on the	-		0-		x	
	instian?				X	
	ization? u or 6b, describe in Part III.		<u>6b</u>			
	l or 60, describe in Part III. I on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	te				
-	lines 5 and 6? If "Yes," describe in Part III		7		x	
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
			8		x	
	did the organization also follow the rebuttable presumption procedure described in		····· j			
	on 53.4958-6(c)?		9			
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2019	
-			-			

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Schedule J (Form 990) 2019

OF MINNESOTA

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Page 2

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ANNE CULLEN MILLER	(i)	244,119.	49,961.	900.	14,000.	2,670.	311,650.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER NELSON	(i)	157,187.	10,000.	0.	8,829.	7,255.	183,271.	0.
VP OF DEVELOPMENT & DONOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CASEY J SCOTT	(i)	141,127.	5,000.	0.	4,302.	30,527.	180,956.	0.
VP OF FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIKE RICCI	(i)	139,965.	5,000.	0.	7,567.	22,904.	175,436.	0.
DIRECTOR - PROFESSIONAL OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							<u> </u>
	(i)							
	(ii)							

CA'	THOLIC	COMMUNITY	FOUNDATION
OF	MINNES	Sota	

Schedule J (Form 990) 2019

Part III Supplemental Information

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

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

19 ZU **Open to Public** Inspection

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. CATHOLIC COMMUNITY FOUNDATION

Employer identification number 41 - 1744184

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OF MINNESOTA Types of Property Part I

IA			
	(-)	(1.)	

		(a) Check if	(b) Number of	(c) Noncash contribution		(d) f determining	
		applicable	contributions or	amounts reported on		ribution amounts	s
				Form 990, Part VIII, line 1g			
1	Art - Works of art	X	1	1,580.	ESTIMATED	SELLING	PR
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		0.40		amo art. 1/1 D.		
9	Securities - Publicly traded	X	248	7,985,540.		KET QUOTI	ES
10	Securities - Closely held stock	X	4	161,872.	F,WA		
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $_{\dots}$						
15	Real estate - Residential	X	1	180,000.	FMV		
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
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 organized	zation during	g the tax year for co	ontributions			
	for which the organization completed Form 82	33, Part IV, I	Donee Acknowledg	jement 29		5	
						Yes	No
30a	During the year, did the organization receive by		• • • • •	· · · · · · · · · · · · · · · · · · ·			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	,				. 30 a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	tions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cheo	cked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form $\overline{990}$).	Schedul	le M (Form 990)	2019

Schedule M	(Form 990) 2019	OF MINNESOTA		-1744184	Page 2
Part II	Supplemental is reporting in Part	Information. Provide the information required by Part I, lines 30b, 32b, and 33, t I, column (b), the number of contributions, the number of items received, or a comb dditional information.	and wi ination	hether the organiz of both. Also com	ation Iplete
932142 09-27-1	9			Schedule M (Forn	n 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 41 - 1744184

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

OF MINNESOTA

THE EXECUTIVE COMMITTEE INCLUDES THE VICE CHAIRPERSON OF THE BOARD OF

CATHOLIC COMMUNITY FOUNDATION

DIRECTORS AND ONE OR MORE OTHER DIRECTORS WITH VOTING RIGHTS APPOINTED BY

THE BOARD OF DIRECTORS. EXCEPT AS OTHERWISE LIMITED BY THE BOARD OF

DIRECTORS FROM TIME TO TIME. THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE

POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS OF THIS FOUNDATION DURING

THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT ALWAYS TO

THE DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY STAFF AND THE FINANCE COMMITTEE. AFTER REVIEW, THE FINANCE COMMITTEE RECOMMENDED THE FORM 990 FOR APPROVAL TO THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVED THE FORM 990 PRIOR TO FILING WITH THE IRS.

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

EACH INDIVIDUAL COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY

IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM IDENTIFYING

RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES THEY ARE INVOLVED IN THAT MIGHT

GIVE RISE TO A CONFLICT OF INTEREST. THE POLICY IS REVIEWED BY THE BOARD OF

DIRECTORS ONCE EVERY THREE YEARS OR MORE FREQUENTLY IF NEEDED. ANY CHANGES

IN THE POLICY WILL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PEOPLE.

IF AN INDIVIDUAL HAS A POTENTIAL CONFLICT, THE RELATIONSHIP AND MATERIAL FACTS ARE DISCLOSED TO THE BOARD OR COMMITTEE FOR DETERMINATION. CONFLICTED

INDIVIDUALS MAY NOT PARTICIPATE IN ANY DISCUSSION OR VOTE ON THE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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ame of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification numb 41-1744184			
RANSACTION AND ARE NOT COUNTED FOR DETERMINING THE PRESEN	NCE OF A QUORUM.			
LL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE NOTE	O IN THE MEETING			
INUTES.				

COVERED INDIVIDUALS THAT ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF WHO HAVE A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION ARE REQUIRED TO DISCLOSE THE CONFLICT TO THE BOARD CHAIR OR THE CHAIR'S DESIGNEE WHO WILL DETERMINE IF A CONFLICT EXISTS. THE CONFLICTED INDIVIDUAL IS REQUIRED TO REFRAIN FROM ANY ACTION THAT MAY AFFECT THE ORGANIZATION'S PARTICIPATION IN THE CONTRACT OR TRANSACTION.

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

FOR THE PRESIDENT OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE DETERMINES COMPENSATION UTILIZING COMPARABILITY DATA. THIS PROCESS IS UNDERTAKEN ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2020 FOR THE CURRENT PRESIDENT, ANNE CULLEN MILLER.

FOR OTHER OFFICERS, THE PRESIDENT OF CATHOLIC COMMUNITY FOUNDATION REVIEWS COMPARABILITY DATA WHEN DETERMINING COMPENSATION LEVELS. THE PRESIDENT THEN REPORTS THE RESULTS OF THIS PROCESS TO THE BOARD OF DIRECTORS. ALL OF THE SALARY AND BENEFIT LEVELS ARE APPROVED WITHIN THE BUDGETARY PROCESS WITH THE BUDGET BEING APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2020 FOR STAFF AS A PART OF THE BUDGETARY PROCESS.

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

 THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 13131211 131839 053-029835-00
 2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

	CATHOLIC COMMUNITY FOUNDATION DF MINNESOTA	Page Employer identification numbe 41-1744184
	REQUEST. THE FINANCIAL STATEMENTS ARE A	·
FOUNDATION'S WE		
FORM 990, PART	XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS IN VALUE C	OF SPLIT-INTEREST AGREEMENTS	-403,016.
NET INVESTMENT	INCOME FROM AGENCY AND BENEFICIAL ENDOW	WMENTS -1,996,514.
EXCESS CONTRIBU	TIONS OVER GRANTS, BENEFICIAL ENDOWMENT	IS
HELD FOR OTHERS	3	-5,388,623.
OTAL TO FORM 9	90, PART XI, LINE 9	-7,788,153.
32212 09-06-19		Schedule O (Form 990 or 990-EZ) (201
1211 131839 05	94 3-029835-00 2019.05010 CATHOLIC	COMMUNITY FOUNDA 053-

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		Related Organizations blete if the organization answered Att Go to www.irs.gov/Form990 JNITY FOUNDATION	"Yes" on Form 990, Part IV, I ach to Form 990.	ine 33, 34, 35b, 36	, or 37.		OMB No. 154 201 Open to F Inspect dentification n 7 4 4 1 8 4	9 Public tion
Part I Identification of		te if the organization answered "Yes	5" on Form 990, Part IV, line 33	3.		<u> 4⊥-</u> ⊥	/ 44104	
	(a) and EIN (if applicable) garded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total incon	le End-of-year	assets [(f) Direct controllin entity	ng
		-						
Part II Identification of organizations du		ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, be	ecause it had one of	or more related t	ax-exempt	
Name, add	(a) dress, and EIN d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code Public charit section status (if section 501(c)(3))		(f) Direct contro entity	er er	(g) 512(b)(13) htrolled htity?
							Yes	No
		-						
		-						
For Paperwork Reduction	Act Notice, see the Instructior	 ns for Form 990.				Schei	dule R (Form 9	90) 2019

932161 09-10-19 LHA

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Schedule R (Form 990) 2019 OF MINNESOTA

41-1744184 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, income excluded from tax under	Iling (related, unrelated, excluded from tax under sections 512-514)Share of total incomeShare of total end-of-year assetsDisproportionate allocations?Code amoun 20 of S K-1 (For		income end-of-year		General or Pe managing partner?	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
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	1											
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	1											
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(cont ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
			CATHOLIC COMMUNITY						
CHARITABLE REMAINDER TRUSTS (19)	INVESTMENTS	MN	FOUNDATION OF	TRUST	0.	5,236,111.		x	
	-								
	-								
	-								
	-								

Schedule R (Form 990) 2019 OF MINNESOTA

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
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Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2019 OF MINNESOTA

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

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

(a)	(b)	(c)	(d)	(e))	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs	all s sec.)(3) .?	Share of total	Share of end-of-year	Dispi tion alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin partner	Percentage ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No	,
												
					_							
												

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Schedule R (Form 990) 2019 OF M Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (19)

DIRECT CONTROLLING ENTITY: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Schedule R (Form 990) 2019

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H Inter the number of the organization subridited trades of businesses.	C Bo at	ok value of all assets end of year	. –	F Group exemption number (See instructions.)					
H Inter the number of the organization subridited trades of businesses.		386,711,6	87.	G Check organization type ► X 501(c) corp	oration	1 501(c) trust			
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I''res, enter the name and identifying number of the parent comporation. ► I'' res, enter the name and identifying number of the parent comporation. ► I'' the constant is one of ► ANNE CULLER MILLER The looks are in a or of L ANNE CULLER I'' res, enter the name and identifying number of the parent comporation. ► I'' the internet is an end of the ANNE CULLER I'' res, enter the name and identifying number of the parent comporation. ► I'' the internet is an end of the ANNE CULLER I'' the internet is an end of the ANNE CULLER I'' the internet is an advances I'' the internet is an end of the ANNE CULLER I'' the internet is an end of the internet is a comporation (attach Schedule D) I''' the internet is an end of the ANNE CULLER I'''' the internet is an end of the internet is an end or long internet is a comporation (attach statement) I''''''''''''''''''''''''''''''''''''	H Er	iter the number of the o	organiza	tion's unrelated trades or businesses.	1	Describe	,		
burgets, then complete farst link. I burget tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > Yes X no I'rtes, 'entre the rame and identifyin number of the parent corporation. > > Yes Yes (651) 389-0300 I'rte books are in care of > > NNNE CULLEN MILLER Telephone number >> (61) Responses (61) Response (61) R									
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes Yes Xe If Yes, 'enter the name and identifying number of the parent corporation. Yes Yes Xes If the books are in care of ▶ ANNE CULLEN MILLER Telephone number ▶ (651) 389–0300 Yes Xes If a Gross receipts or sales c Balance 1 1 Yes Xes 2 Gost of goods cold (Schedule A, Ine 7) 40 192,650. 192,650. 192,650. 3 Gross profit. Subtract line 2 from line 1c 3 4 192,650. 192,650. 4a Capital gain net income (attach Schedule D) 4a 192,655. STMT 2 -1,021,855. 5 income (loss) from a partnership or an S corporation (attach statement) 5 -1,021,855. STMT 2 -1,021,855. 6 Interest, manufactory directs, directors, attach statement) 10 10 10 10 10 Exploited exempt activity income (Schedule L) 10 11 11 11 12 9 Interest, marking, royates, and the schedule J 11 11 12 -829,205. -829,205. 11 Taket debt-linancom (Schedule L) 11 13 <					rts I an	d II, complete a Schedul	e M for each addition	hal trade	e or
If "the is and in an identifying number of the parent corporation. ► Interbacks are in care of ► ANPE CULLEN MILLER Telephone number ► (651) 389-0300 Part Unrelated Trade or Business income (A) Income 1a Gross receipts or sales c Balance 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line to 4 4 Capital gain entinome (attach Schedule D) 44 4 Capital gain entinome (attach Schedule D) 44 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 rent income (Schedule C) 7 1 Unrelated Trade or a section 501(c)(7), (9), or (17) organization (Schedule G) 7 1 Unrelated the financed (income (Schedule E) 7 9 Investment (Ges instructions at devises income.) 10 10 Explorited exempt activity income (Schedule E) 11 11 Advertising income (Schedule I) 11 12 Other income Ges instructions at a schedule) 11 13 Gross and mathemance 11 14 Other income (Schedule I) 11 15 Conperison of Takken Elsewhere (See instructions of interbase income.) 14 16 Respires and mathemance 16 17 Organization of dincers, directry, and t		/			t_cubci	diary controlled group?	>		
In books are in care of ▶ ANNE CULLEN MILLER Telephone number ▶ (651) 389-0300 Part L Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Ia Gross recipts or sales					11-50051	ulary controlled group:			
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recipts or sales b Less returns and allowances c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c				· · · ·		Telept	none number 🕨	(651) 389-0300
b Less returns and allowances c Balance 1c 2 2 Cost of goods sold (Schedule A, line 7) 2 2 2 4 Gross proft. Subtract line 2 from line 1c 3 3 192, 650. 4 Capital gain net income (attach Schedule D) 4a 192, 650. 1922, 650. b Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797) 4b 4c 10 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -1, 021, 855. STMT 2 -1, 021, 855. 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line to 3 44 Capital and incline content schedule D) 4a 192, 650. b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4a 192, 650. c Capital loss deduction for trusts 5 1, 021, 855. STMT 2 -1, 021, 855. 6 Rent income (Schedule C) 6 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	1a	Gross receipts or sale	es						
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7 Unrelated debt-financed income (Schedule E) 7 8 8 Interest, annuties, royattes, and rents from a controlled organization (Schedule F) 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 9 9 11 Advertising income (Schedule J) 10 11 12 Other income (Sc instructions; attach schedule) 11 12 13 Total: Combine lines 3 through 12 13 -82.9, 20.5. -82.9, 20.5. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 15 14 Compensation of officers, directors, and trustees (Schedule K) 16 16 15 Salaries and wages 15 16 16 Repairs and maintenance 18 17 17 Iterest (attach schedule) (see instructions) 18 19 2,007. 18 Interest (attach schedule A and elsewhere on return 21 21 22 18 Engloyee benefit programs 24 24 24 24 25 Exceses readership costs (Schedule	5				<u> </u>	-1,021,855.	STMT	2	-1,021,855.
8 Interest, annuties, royatiles, and rents from a controlled organization (Schedule F) 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule J) 10 10 11 11 11 11 12 Other income (See instructions; attach schedule) 11 12 13 Total. Combine lines 3 through 12 13 -829, 205. -829, 205. Part II Deductions Mot Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 5 Salaries and wages 16 17 16 Repairs and instenance 19 2,007. 17 Depreciation (attach Form 4562) 20 21 20 Est depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Contributions to defered compensation plans 22 22 23 Contributions to defered compensation plans 22 22 23 24 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 1) 10 10 10 Exploited exempt activity income (Schedule 1) 11 10 11 11 Advertising income (Schedule 1) 11 11 11 12 Other income (Se instructions; attack schedule) 12 11 11 11 12 Ital Combine lines 3 through 12 12 -829, 205. -829, 205. -829, 205. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 15 14 Compensation of officers, directors, and trustees (Schedule K) 16 17 15 Salaries and wages 16 17 16 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 19 2,007. 20 21 22 20 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 25 26 22									
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11 Advertising income (Schedule J) 11 12 12 Other income (See instructions; attach schedule) 13 -829,205. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 -829,205. 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 17 16 Repairs and maintenance 16 17 17 Bad debts 18 19 2,007. 19 Taxes and licenses 19 2,007. 20 21 11 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 20 Contributions to deferred compensation plans 23 24 23 24 Employee benefit programs 24 25 26 27 375. 28 Contributions to thefore net operating loss deduction. Subtract line 28 from line 13 29 -831, 587. 29 -831, 587. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 31 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
12 Other income (See instructions; attach schedule) 12 -829,205. 13 Total. Combine lines 3 through 12. -829,205. -829,205. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 -829,205. 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 17 18 17 18 19 Taxes and licenses 19 2,007. 20 21 22 20 21 Less depreciation (attach Form 4562) 20 21 22 23 24 22 22 23 Contributions to deferred compensation plans 24 22 23 24 Employee benefit programs 24 25 26 27 37.75. 24 Excess readership costs (Schedule I) SEE SEE STATEMENT 3 29 -831, 587. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831, 587.									
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(Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 15 17 Bad debts 18 17 19 2,007. 20 19 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Contributions to deferred compensation plans 24 25 25 26 27 Other deductions (attach schedule) 28 2,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 31 -831,587. 323 11 324 For Paperwork Reduction Act Notice, see instructions.		rt II Deductio	ns Nc	t Taken Elsewhere (See instructions fo	r limita	ations on deductions.)	1		02372031
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 2,007. 20 Depreciation (attach Form 4562) 20 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess readership costs (Schedule I) 26 26 27 375. 27 375. 28 71 28 2,382. 29 29 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 31 -831,587. 31 Unrelated business taxable income. Subtract line 29 from line 29 31 -831,587. 320 Output of net operating loss arising in tax years beginning on or after January 1, 2018 31 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 2,007. 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 22 22 23 Contributions to deferred compensation plans 23 24 24 25 Excess readership costs (Schedule I) 25 26 27 Other deductions (attach schedule) 26 27 375. 28 29 -831, 587. 29 -831, 587. 29 -831, 587. 30 0. 31 -831, 587. 30 0. 31 -831, 587. 30 70 990-T (2019) 70 20190-T (2019) 70 70 70 70 70 73 75. 73 75. 73 75. 73 75. 73 75. 73 75. 73 75. 73 75. 73 75. 73 75.	15							15	
17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 2,007. 20 20 21 Less depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess readership costs (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) SEE STATEMENT 3 27 375. 28 Total deductions. Add lines 14 through 27. 28 2,382. 29 -831,587. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 0. 31 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 -831,587. 323701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. 31	16							16	
19 Taxes and licenses 19 2,007. 20 Depreciation (attach Form 4562) 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 23 24 25 Excess exempt expenses (Schedule I) 25 26 27 0ther deductions (attach schedule) 26 27 Other deductions (attach schedule) 28 2,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 -831,587. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)	17							17	
20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions, (attach schedule) 28 28 Total deductions. Add lines 14 through 27 28 2, 382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831, 587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 -831, 587. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831, 587. 323701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)	18	Interest (attach sche	edule) (se	ee instructions)				18	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 27 Other deductions (attach schedule) 26 27 Other deductions (attach schedule) 27 375. 28 Z,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 -831,587. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 323701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)	19							19	2,007.
22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 28 2,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 O. 31 -831,587. 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)								-	
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24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831, 587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018		Depletion							
25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) SEE STATEMENT 3 28 Total deductions. Add lines 14 through 27 28 2,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)									
26Excess readership costs (Schedule J)2627Other deductions (attach schedule)SEE STATEMENT 327375.28Total deductions. Add lines 14 through 27282,382.29Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 1329-831,587.30Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)300.31Unrelated business taxable income. Subtract line 30 from line 2931-831,587.92370101-27-20LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2019)									
27 Other deductions (attach schedule) SEE STATEMENT 3 27 375. 28 Total deductions. Add lines 14 through 27 28 2,382. 29 29 -831,587. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)		Excess exempt experience	11353 (30 Nete (201	neuue) nedule 1)					
28 Total deductions. Add lines 14 through 27 28 2,382. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)		Other deductions (at	ttach erh	edule)		SEE STA	rement 3		375.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -831,587. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)		Total deductions (at	dd lines	14 through 27					
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 4 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -831,587. 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)		Unrelated business t	taxable ir	ncome before net operating loss deduction. Subtract	t line 28	3 from line 13			
(see instructions)SEE STATEMENT 4300.31Unrelated business taxable income. Subtract line 30 from line 2931-831,587.92370101-27-20LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2019)									
31Unrelated business taxable income. Subtract line 30 from line 2931-831,587.923701 01-27-20LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2019)							FEMENT 4	_ 30	0.
	<u>31</u>	Unrelated business t	taxable ir	ncome. Subtract line 30 from line 29	<u></u>				-831,587.
	92370	01 01-27-20 LHA Fo	or Paper		• •				Form 990-T (2019)

Form 990-T (2019) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA Part III Total Unrelated Business Taxable Income

41-1744184 Page 2

Turt									
32	Total of	unrelated business taxable income computed	d from all unrelated trades or businesses (see instructions))	32		26	69.
33	Amoun	ts paid for disallowed fringes				33			
34	Charita	ts paid for disallowed fringes ble contributions (see instructions for limitations	on rules) STMT 5	STMT 6		34			27.
35	Total ur	nrelated business taxable income before pre-2	018 NOLs and specific deduction. Subtract	t line 34 from the s	um of lines 32 and 33	35		24	42.
36	Deduct	on for net operating loss arising in tax years l	beginning before January 1, 2018 (see insi	tructions)		36			
37	Total of	unrelated business taxable income before sp	ecific deduction. Subtract line 36 from line	9 35		37			42.
38	Specific	c deduction (Generally \$1,000, but see line 38	instructions for exceptions)			38	1	L,00	00.
39	Unrelat	ed business taxable income. Subtract line 3	38 from line 37. If line 38 is greater than lin	ne 37,					
	enter th	e smaller of zero or line 37				39			0.
Part	IV	Tax Computation							
40	Organiz	ations Taxable as Corporations. Multiply lir	ne 39 by 21% (0.21)		►	40			0.
41	Trusts [·]	Taxable at Trust Rates. See instructions for t	tax computation. Income tax on the amour	nt on line 39 fror	n:				
	Ta	ax rate schedule or 🛛 🔲 Schedule D (Forr	n 1041)		►	41			
42	Proxy t	ax. See instructions			►	42			
43	Alterna	tive minimum tax (trusts only)				43			
44	Tax on	Noncompliant Facility Income. See instructi	ons			44			
45	Total. /	Add lines 42, 43, and 44 to line 40 or 41, whic	hever applies			45	<u> </u>		0.
Part		Tax and Payments							
	-	tax credit (corporations attach Form 1118; tr	usts attach Form 1116)			_			
				46b		_			
-						_			
		or prior year minimum tax (attach Form 8801				_			
		redits. Add lines 46a through 46d				46e	i		
47	Subtrac	t line 46e from line 45				47			0.
		axes. Check if from: 🗌 Form 4255 📃					i		
		x. Add lines 47 and 48 (see instructions) \dots							0.
		et 965 tax liability paid from Form 965-A or Fo				50	ļ		0.
		nts: A 2018 overpayment credited to 2019				_			
		stimated tax payments				_			
		oosited with Form 8868				_			
		organizations: Tax paid or withheld at source				_			
						_			
		or small employer health insurance premiums		<u>51f</u>		_			
g		redits, adjustments, and payments: 🛛 🕅 F							
			Other Total						
		ayments. Add lines 51a through 51g				52	ļ		
		ed tax penalty (see instructions). Check if For				53	ļ		
		e. If line 52 is less than the total of lines 49, 5			P	54	ļ		
		yment. If line 52 is larger than the total of line				55	ļ		
56 Part		e amount of line 55 you want: Credited to 20 Statements Regarding Certain		tion (assis	Refunded	56	<u> </u>		
							T	Y.	
57		time during the 2019 calendar year, did the or	• •		•			Yes	No
		inancial account (bank, securities, or other) in		-					
	here	Form 114, Report of Foreign Bank and Finance		ie ioreign counti	у		_		х
58		the tax year, did the organization receive a dis	tribution from or was it the granter of or	transforor to a	forgian truct?				X
50	-	see instructions for other forms the organization		נומווזוכוטו נט, מ					
59		e amount of tax-exempt interest received or a							
		nder penalties of perjury, I declare that I have examined		nd statements, and	to the best of my know	ledge and l	pelief, it is true,		
Sign	co	prrect, and complete. Declaration of preparer (other that	n taxpayer) is based on all information of which pre	eparer has any knov	vledge.				
Here			PRESI	DENT			S discuss this r er shown below		ith
		Signature of officer	Date Title				s)? X Yes	·	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTI			المحمد
Paid	1	KIMBERLY ANDERSON,	KIMBERLY ANDERSON,		self- employe				
	arer	СРА	СРА	12/11/2			001888	889	
-	Only	Firm's name CLIFTONLARSC		. · · –	Firm's EIN		1-0746		9
058	Unity		WAY BOULEVARD, SUI	TE 600					
_		Firm's address MIDDLETON ,	-		Phone no.	608-	<u>66</u> 2-86	500	
923711	01-27-20						Form 99	<mark>0-Т</mark> (2019)
			101						

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

CATHOLIC COMMUNITY FOUNDATION Form 990-T (2019) OF MINNESOTA

Schedule A - Cost of Goods Sold. Ente	er method of inve	ntory valuation 🕨 N/A					
1 Inventory at beginning of year 1		6 Inventory at end of yea			6		
2 Purchases 2		7 Cost of goods sold. Su					
3 Cost of labor 3		from line 5. Enter here					
4 a Additional section 263A costs		line 2		·	7		
(attach schedule) 4a		8 Do the rules of section			<u> </u>	Yes	No
b Other costs (attach schedule) 4b		property produced or a		•			
5 Total. Add lines 1 through 4b 5		the organization?	-	,			
Schedule C - Rent Income (From Real	Property and	d Personal Property L	eased W	/ith Real Prop	erty)	····· I	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
2. Rent rece	ived or accrued						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				n	
(1)		· · ·					
(2)							
(3)							
(4)							
Total 0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	nter		c Ènte	Total deductions. er here and on page 1, t I, line 6, column (B)			0.
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)					
		2. Gross income from	3.	Deductions directly cor to debt-finan			
1. Description of debt-financed property		or allocable to debt- financed property		ght line depreciation ttach schedule)		(b) Other deduction (attach schedule)	ns
(1)					_		
(2)					_		
_(3)							
(4)							
debt on or allocable to debt-financed of o property (attach schedule) debt-fin	ge adjusted basis r allocable to nanced property ich schedule)	6. Column 4 divided by column 5	rep	Gross income ortable (column 2 x column 6)		8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)		%					
(2)		%					
(3)		%					
(4)		%					
				here and on page 1, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals		▶		0			0.
Total dividends-received deductions included in colum			L				0.

Form **990-T** (2019)

923721 01-27-20

13131211 131839 053-029835-00

41-1744184

Page 3

Form 990-T (2019) OF MI Schedule F - Interest	NNESOTA Annuities Rova	lties, and R	ents From Co	ntrolle	d Organiza	41-1'	744184	· · ·
			empt Controlled C				Istructions	5)
1. Name of controlled organi	iden		Net unrelated income ss) (see instructions)			5. Part of column included in the co organization's gros	ntrolling	6. Deductions directly connected with income in column 5
(1)								
_(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations			•		•		
7. Taxable Income	8. Net unrelated inco (see instruction		. Total of specified pay made	ments	in the controll	mn 9 that is included ing organization's s income		ductions directly connected income in column 10
(1)							-	
_(2)								
_(3)								
(4)								
Schedule G - Investm (see in	tent Income of a structions)	Section 501	(c)(7), (9), or (ganization 3. Deductio		et-asides	0. 5. Total deductions and set-asides
(4)					(attach sched	dule) (attach	n schedule)	(col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)			Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited	d Exempt Activit	y Income, O	ther Than Ad		ng Income			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connec with productic of unrelated business incor	on business (c minus colum	d trade or olumn 2 in 3). If a ce cols. 5	5. Gross inco from activity f is not unrelat business inco	that attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (E	Ι,					Enter here and on page 1, Part II, line 25.

0 0. Totals Schedule J - Advertising Income (see instructions)

Part I	Income From Periodicals Reported on a Consolidated Basis	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) 🕨	0.	0.				0.

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0.

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Form 990-T (2019) OF MINNESOTA

Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

	,						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
otals from Part I 📃 🕨 🕨	0.	0.					0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
otals, Part II (lines 1-5) 🕨	0.	0.					0
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	nstructions)			
1 . Name			2. Title	time de	rcent of evoted to iness		pensation attributable arelated business
(1)					%		
(2)					%		
(3)					%		

Form 990-T (2019)

0.

923732 01-27-20

(4)

41-1744184

%

►

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

ALL INCOME IS FROM UNRELATED BUSINESS ACTIVITIES REPORTED ON PARTNERSHIP AND S CORPORATION SCHEDULE K-1'S.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - ORDINARY BUSINES	-289,428.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - NET RENTAL REAL	-11,256.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - INTEREST INCOME SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL	23,811.
- DIVIDEND INCOME SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL	5,648.
- ROYALTIES SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL	8,907.
- OTHER INCOME (LO	-759,537.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,021,855.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING FEES		375.
TOTAL TO FORM 990-T, PAGE	1, LINE 27	375.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	311,068.	85,811.	225,257.	225,257.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	225,257.	225,257.

105 STATEMENT(S) 1, 2, 3, 4 2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS PAID	N/A	200,000.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	200,000.

FORM 990-T CONTRIBUTIONS SUMMA	ARY STATEMENT 6
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	200,000
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	200,000 27
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	199,973 0 199,973
ALLOWABLE CONTRIBUTIONS DEDUCTION	27
TOTAL CONTRIBUTION DEDUCTION	27

ENTIT							
	IEDULE M	Unrelated Business	Tax	able Income	from an	OMB No. 1545-0047	
(For	(Form 990-T) Unrelated Trade or Business						
	Unrelated Trade Of Dusiness						
	For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .						
Depart	Department of the Treasury Control Go to www.irs.gov/Form990T for instructions and the latest information.						
Interna	I Revenue Service	Do not enter SSN numbers on this form as	it may be	e made public if your organ	ization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
Name	of the organization	tion number					
	OF MINNESOTA 41-17441						
L	Inrelated Business A	Activity Code (see instructions) \blacktriangleright _5230					
C	escribe the unrelate	ed trade or business METROPOL	ITAN	REAL ESTATE	PARTNERS GL	OBAL IV	
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or s	sales					
b	Less returns and allo	wances c Balance	▶ 1c				
2		d (Schedule A, line 7)	2				
3		act line 2 from line 1c					
4a		come (attach Schedule D)					
		m 4797, Part II, line 17) (attach Form 4797)		-5.		-5.	
	Capital loss deduc		4c				
5	Income (loss) from	a partnership or an S corporation (attach					
	statement)	· · · · · · · · · · · · · · · · · · ·	5	649.		649.	
6		edule C)					
7		anced income (Schedule E)					
8		royalties, and rents from a controlled					
		dule F)	8				
9		e of a section 501(c)(7), (9), or (17)					
		dule G)	9				
10		activity income (Schedule I)	10				
11		e (Schedule J)					
12		instructions; attach schedule)					
13		es 3 through 12	13	644.		644.	
Dar	+ II Deduction	s Not Taken Elsewhere (See instruc	tions f	for limitations on de	ductions) (Deducti	ons must be	
I ai		nnected with the unrelated business i					
	,			,			
14	Compensation of c	officers, directors, and trustees (Schedule K)					
15	Salaries and wage	s					
16	Repairs and mainte	enance					
17							
18	Interest (attach sch	nedule) (see instructions)					
19	Taxes and licenses	s				L	
20	Depreciation (attac	ch Form 4562)					
21	Less depreciation	claimed on Schedule A and elsewhere on retur	n	21a	21b		
22	Depletion				22		
23	Contributions to de	eferred compensation plans					
24	Employee benefit p	programs					
25	Excess exempt exp						
26	Excess readership						
27	Other deductions (375.				
28	Total deductions.		<u>375.</u> 269.				
29	Unrelated business	ed business taxable income before net operating loss deduction. Subtract line 28 from line 13 29					
30							
						0.	
<u>31</u>						269.	
LHA	For Paperwork R	Ile M (Form 990-T) 2019					

923741 01-28-20

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

Name

Employer identification number

4 4

OMB No. 1545-0123

g

OF MINNESOTA	
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OF MINNESOTA			4	41-1744184						
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?										
If "Yes," attach Form 8949 and see its instru-			gain or loss.							
Part I Short-Term Capital Gains and Losses (See instructions.)										
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8945 Part I, line 2, column (g)	e, column (e) from column (d) and						
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949 leave this line										

	However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		
16	Totals for all transactions reported on		
	Form(s) 8949 with Box A checked		
2	Totals for all transactions reported on		
	Form(s) 8949 with Box B checked		
3	Totals for all transactions reported on		
	Form(s) 8949 with Box C checked		-39,877.
4	Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5	Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6	Unused capital loss carryover (attach computation)	6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	-39,877.

Part II Long-Term Capital Gains and Losses (See instructions.)

		1101100101.)		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	44,965.	5,200.		34,379.
11 Enter gain from Form 4797, line 7 or 9	•		11	198,148.
12 Long-term capital gain from installment sales				
13 Long-term capital gain or (loss) from like-king			10	
14 Capital gain distributions	-			
15 Net long-term capital gain or (loss). Combine	232,527.			
Part III Summary of Parts I and			·	
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	al loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term				192,650.
18 Add lines 16 and 17. Enter here and on Form			18	192,650.

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

		Sa	les and O	ther Disp	ositions	of Capital	Assets	OMB	No. 1545-0074
Form Departme	8949 ent of the Treasury	►	Go to www.irs.	gov/Form8949	for instructions a	and the latest infor	mation.	2 Atta	2019
Internal F	Revenue Service	► File w	ith your Schedule	D to list your tran	sactions for lines 1t	o, 2, 3, 8b, 9, and 10	of Schedule D	. Seq	uence No. 12A
Name(s) shown on return								urity number or dentification no.
	CATHOLIC		NTIA LOOI	NDATION					744184
Refore	OF MINNES		ow see whether	vou received an	(Form(s) 1099-B	or substitute statem	ent(s) from v		
<u>broker</u>	and may even tell	you which k	box to check.			or substitute statem r basis (usually you			S by your
Part	transactions, se	m. Transacti ee page 2.	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	e instructions). I	For long-term	
	Note: You may	aggregate all	l short-term transac	tions reported on l	Form(s) 1099-B show	ving basis was reporte I to report these trans	ed to the IRS an	nd for which no ac	justments or
	ist check Box A, B,	or C below.	Check only one bo	x. If more than one b	box applies for your shor	t-term transactions, comp	olete a separate Fo	orm 8949, page 1, for	,
ć – –						ms with the same box che ted to the IRS (see	,		
`		•			•	eported to the IRS	Note above	=)	
· `	C) Short-term tran		,	,	0				
1	(a)		(b)	(c)	(d)	(e)		f any, to gain or	(h)
	Description of pro	perty	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount , enter a code in	Gain or (loss).
(E	xample: 100 sh. X	YZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and		ee instructions.	Subtract column (e) from column (d) &
				(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
						the instructions	Code(s)	adjustment	with column (g)
	D PARTNERS								
	S LESS THA	AN 20%							
OWNI	5								<u><39,877.</u> >
2 Tot	als. Add the amou	unts in colur	nns (d), (e), (g), a	nd (h) (subtract					
	ative amounts). Er								
Sch	iedule D, line 1b (i	if Box A abo	ove is checked),	line 2 (if Box B					
	ove is checked), or								<39,877.>
	•					er in column (e) the ons for how to figur	-		

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

ales	and	Other	Dis	nositia	ons of	Ca	nital	Assets
aioo	ana					Uu	PILMI	/100010

OMP No. 1545.0

Form 8949 (2019)				Attachm	ient Seque	nce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if s		•		ity number or
CATHOLIC COMMU	NITY FOUI	NDATION					ntification no.
OF MINNESOTA							744184
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructio	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. O	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for e	
(D) Long-term transactions rep	1 5		, ,		,		
(E) Long-term transactions rep	orted on Form(s)) 1099-B showing	g basis wasn't re			,	
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	u enter an amount (g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	()	Note below and		See instructions.	from column (d) &
				see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
425000.000 SHARES						adjustment	(g)
	VARIOUS	01/02/20	44,965.	5,200.			39,765.
SILO PARTNERSHIP			,				
K-1S LESS THAN 20%							
OWNE							<5,386.>
							ļ
2 Totals. Add the amounts in colur							
negative amounts). Enter each to Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E			44,965.	5,200.			34,379.
Note: If you checked Box D above b					basis as re	eported to the IRS	· · · · · · · · · · · · · · · · · · ·
adjustment in column (g) to correct t						int of the adjustm	ent.
923012 12-11-19						F	orm 8949 (2019)

13131211 131839 053-029835-00

Form	4	7	9	7	
Departn Internal					

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

	2019
	Attachment Sequence No. 27
Ide	entifying number

41-1744184

OMB No. 1545-0184

Name(s) shown on return CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20 1 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SI	LO PARTNERSHIP K-1S							
\mathbf{LE}	SS THAN 20% OWNE							198,148.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter the						7	198,148.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K	1 0	. , .	0	or Form 1065, Sch	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	nter the gain from li	ine 7 on line 12 be	ow. If		
	line 9 is more than zero, enter the an	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return.	See instructions	s			9	198,148.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on line	e 11 through 16 (inclu	do proporty hold 1	voar or loss):				
10								
11	Loss, if any, from line 7					11	()
12	Gain, if any, from line 7 or amount from line 8	if applicable				12		
13	Gain, if any, from line 31					13		
14	Net gain or (loss) from Form 4684, lines 31 an					14		
15	Ordinary gain from installment sales from For	n 6252, line 25 or 36 _				15		
16	Ordinary gain or (loss) from like-kind exchange					16		
17	Combine lines 10 through 16					17		
18	For all except individual returns, enter the am	ount from line 17 on th	e appropriate line c	of your return and s	kip lines			
	a and b below. For individual returns, complet	e lines a and b below.						
а	If the loss on line 11 includes a loss from Forr	n 4684, line 35, columr	n (b)(ii), enter that p	art of the loss here	. Enter the			
	loss from income-producing property on Sche	dule A (Form 1040 or I	Form 1040-SR), line	e 16. (Do not includ	e any loss			
	on property used as an employee.) Identify as	from "Form 4797, line	18a." See instructi	ons		18a		
b	Redetermine the gain or (loss) on line 17 exclu	iding the loss, if any, o	n line 18a. Enter he	ere and on Schedul	e1			
	(Form 1040 or Form 1040-SR), Part I, line 4					18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Form 4797 (2019) OF MINNESOTA

Page **2**

9 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 j	property:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α							
В							
C							
D							
These columns relate to the properties on lines 19A through 19D.	►	Property A	Property	в	Property	с	Property D
O Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable \dots	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
9 If section 1255 property:							
a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
ummary of Part III Gains. Complete property of		A through D through	line 29b before	going	to line 30.	ľ	
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					oortion	31	
from other than casualty or theft on Form 4797. line	e 6	•				32	
Part IV Recapture Amounts Under Section (see instructions)	ons 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% o	or Less
					(a) Section 179		(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable in	prior years		33			
Recomputed depreciation. See instructions				34			
Recapture amount. Subtract line 34 from line 33. S				35		I	

113

13131211 131839 053-029835-00

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

0065	Retu	rn of U.S. Pers Certain Foreig					OMB	No. 1545-1668
Form 8865		Attach to	your tax return.				9	010
	•	ww.irs.gov/Form8865 for formation furnished for th			on.			.019
Department of the Treasury Internal Revenue Service		beginning JAN	• •	, and ending DEC	31	, 2019		hment ence No. 118
Name of person filing this re						s identificat		r
	OMMUNITY FOUND	ATION			4	1-174	4184	
OF MINNESO	FA filing this form with your tax r	eturn)	A Category of	of filer (see Categories of F	ilers in the	instructions	and check apr	plicable box(es)).
	ming this form with your tax i		1	2	3	X	4	
			B Filer's tax beginning	^{year} JUL 1	,201		ng JUN	30,2020
C Filer's share of liabilities:	Nonrecourse \$	Qualified nor	nrecourse financi	ng \$		Other	\$	
	consolidated group but not the	parent, enter the followin	g information abo	out the parent:				
Name					EIN			
Address E Check if any excepted sp	ecified foreign financial assets	are reported on this form	See instructions	<u>s</u>				
	n other partners (see instruction		. 000 1130 00000					·····
(1) 11		, (0) A L L				(4)	Check applica	able box(es)
(1) Name		(2) Address		(3) Identification nun	nber	Category 1	Category 2	Constructive owner
G1 Name and address of for	aian partnarchin					2(a) EIN ((if any)	<u> </u>
	ITAL PARTNERS	IV					-1226	036
(ONSHORE TAX-	-EXEMPT) LP						rence ID nu	
	BLVD, 15TH FLO	OR						865CJX04
STAMFORD, CT	06901					-		se laws organized
Date of	rincipal place f business	6 Principal business activity code number	Principal bus	siness	Funct	CAYMA: ional	Excha	ange rate
4 organization 5 of 09/01/2015CA		⁶ activity code number 523900	1 activity	00	currei	псу	8b (see ii	nstructions)
	formation for the foreign partne							
1 Name, address, and iden	ntification number of agent (if a	ny) in the United States	2 Check if th	ne foreign partnership	must fil	e:		
					orm 880		Form 106	65
			Service Ce E-FI	enter where Form 106	5 is filed	:		
3 Name and address of for	reign partnership's agent in co	untry of organization, if ar		ddress of person(s) with c and the location of such b	ustody of	the books and	records of th	e foreign
	ORPORATION SER			RUST CORPO				
190 ELGIN AVE				ESSER BLVI		5TH FI	LOOR	
	GRAND CAYMAN C				901			
allowed under section	d the foreign partnership pay of 267A? See instructions						Yes	X No
	amount of the disallowed ded						\$ x	.
	ection 721(c) partnership, as de ations made by the foreign par						Yes Yes	X No X No
	orms 8858, Information Return							
	anches (FBs), attached to this			-		►		0
	p classified under the law of th						T LP	
	interest in the foreign partners			• • • • •				
	eg. 1.1503(d)-1(b)(4) or part o		-					XNo
SKIP QUESTION TOD	rate unit or combined separate	unit have a dual consolid	itah se sool hate	ned in		····· ►	Yes	A NO
	i)(ii)?						Yes	No
	meet both of the following req)				
1. The partnership's to	otal receipts for the tax year w	ere less than \$250,000.						
	rtnership's total assets at the e	end of the tax year was les	s than \$1 million	· [►	Yes	No No
	e Schedules L, M-1, and M-2.			J				Form 0005 (0040)
LHA For Privacy Act and	Paperwork Reduction Act No	uce, see the separate ins	SULUCTIONS.					Form 8865 (2019)

Form 886	65 (2019)	CATHOLIC COMMUNI	ry F	OUNDATION O	ΞN	IINNESO			41	-1744	184	Page 2
12 a	Is the filer of t	his Form 8865 claiming a foreign-de	rived inta	ingible income deduction	(und	er section 250) with r	espect to)				
	any amounts	listed on Schedule N?							. 🕨	Yes	X	No
		the amount of gross income derived						5)				
	from transacti	ons with or by the foreign partnershi	p that th	e filer included in its com	outat	ion of foreign-derived	deductio	'n				
	eliaible incom	e (FDDEI)				0						
		the amount of gross income derived										
						• •						
		the amount of gross income derived										
		-							. 🕨			
13	Enter the num	ber of foreign partners subject to se							-			
		p or of receiving a distribution from				•						
		uring the tax year were any transfers										
										Yes	X	No
15 a	Were there an	y transfers of property or money wit							-			
		quire disclosure under Regs. 1.703-3	-									
	amount or val	ue of each transfer, and an explanation	on of the	tax treatment. See instru	ctions	s for exceptions				Yes	X	No
b	Did the partne	rship assume a liability or receive pr	operty su	bject to a liability where s	such	liability was incurred I	oy a part	ner with	nin			
	a 2-year perio	d of transferring the property to the I	bartnersh	ip? If "Yes," attach a state	ment	t identifying the prope	rty trans	ferred,				
	the amount or	value of each transfer, the debt assu	umed or t	aken by the partnership,	and a	n explanation of the ta	ax treatm	nent		Yes	X	No
Sign Here (if You're Fi		nalties of perjury, I declare that I have exami nd complete. Declaration of preparer (other										
This Form	-	no complete. Declaration of preparer (other	unan gener	a partner or infined habinty co	npang	(member) is based on an	intornatio		ii piepa	arer nas any ki	owieuge.	
Separately Not With Y												
Tax Return		gnature of general partner or limited liability	company n	nember				-			Date	
Paid	R IMB	ERLY'S ANDERSON ,	КТМ	BERLY ANDER	SO	-		Check		if PTIN		
Prepa	rer CPA		CPA			12/11	L/20	self-em			1888	
Use	Firm's n							n's EIN		41 - 07		
Only		ddress ▶ <u>8215 GREENWA</u>	Y BO	ULEVARD, SU	ITI	E 600	Pho	one no.	608	-662-	8600	
		LETON, WI 53562										
Sched	lule A	Constructive Ownership		-						-		
		box b , enter the name, add			entif	ication number (i	f any) c	of the	oerso	on(s) who	se	
		interest you constructively	own. S	ee instructions.		_						
		a X Owns a direct interest		b		Owns a constructi	ve intere	st				1
		Name		Address			Ident	tification	number	r (if anv)	Check if foreign	Check if direct
											person	partner
												ļ
Sched	lule A-1	Certain Partners of Foreig	on Part	nership (see instru	ICTIC	ons)						
		Name		Address				Identific	ation n	umber (if any)		Check if foreign
												person
												<u> </u>
		- · · · · · · · · · · · · · · · · · · ·		() D								
Sched	lule A-2	Foreign Partners of Section	on 721	(C) Partnership (Se Country of	e in	U.S. taxpayer				Damage	!	
Name of part		Address		organization		identification number		k if relate 3. transfei			tage intere	
				(if any)	_	(if any)				Capital	-	Profits
					_						%	%
											%	%
		ave any other foreign person as a dir				· · · · · · · · · · · · · · · · · · ·				Yes		No
Sched	lule A-3	Affiliation Schedule. List a direct interest or indirect			dom	iestic) in which th	e torei	gn pa	Ther	snip owns	5	
						I				1		Check if
~		7 ^{Name}		Address			(EIN if any)		Total o income		foreign partner-
STA	TEMENT	· /					(uny			0000	ship
											orm 88	65 (2019)

SCHEDULE (Form 8865)	o	Тг	ransfer of Prop (Ui	Derty to a Fore	eign Partnersh 8B)	ip	OMP	No. 1545 1669
(Rev. December 20				865. See the Instruct			UND	No. 1545-1668
Department of the Tre Internal Revenue Serv	ice		to www.irs.gov/Form		and the latest inform			
Name of transfero			MMUNITY FOU	NDATION		Filer's identify		
Name of foreign p	OF MIN						44184	number (ees instri
Name of foreign p		K HIL	L CAPITAL PA E TAX-EXEMP		EIN (if any) 98-122			number (see instr) [18865CJ
1. Is the parts			ership (as defined in Temp	-				es X No
			plied to avoid the recognit					es <u>I</u> NO
	•		considered or anticipated	•			······ □ •	
			s defined in Regulations s				🗌 Y	es X No
	ansfers Reportabl							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c allocation meth		(g) Gain recognized on transfer
Cash	12/31/19		449,604.					
Stock, notes	/0/_0		119,0010					
receivable								
and payable, and other								
securities								
Inventory								
involutory								
Tangible								
property used in trade								
or business								
Intangible								
property								
described in section								
197(f)(9)								
Intangible property, other								
than intangible								
property described in								
section 197(f)(9)								
Other					<u>↓</u>			
Other property					<u> </u>			
proporty					+			
Totals			449,604.					
	ansferor's percenta	age interest	in the partnership: (a) Be	fore the transfer 1.	8575 %	(b) After th	he transfer	1.6379 %
			orted (see instructions):					

Part II Dispos	sitions Reportable	Under Section 60	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(f	f)(5)(F)?	Yes X No
LHA For Paperwork	Reduction Act Not	tice, see the Instru	ctions for Form 8	865.		Schedule	0 (Form 8865) 12-2018

SCHEDL (Form 88	365)		Sta	atemer	nt of Ap			of the Ga ction 721		Deferral)	l Me	ethod				OMB No. 1	545-1668
Department of	,				Attach t	o Form	1 8865 See ti	he Instruction	s for	Form 8865							
Internal Revenu	ue Service			► Go t	-					e latest informa	ation.						
	son filing Form		LIC CO		Y FOUNI										er's identific -17441	cation numb 84	er
Name of part OAK H		ITAL PARTN	ERS IV							Successor	EIN (i 98-	fany) 122603	6			nber (see instr 8865CJ	
CATHOI		MUNITY FOUL			INNESO					Successor U.S. transferor	Filing	year: (see inst Tax year of ga		al cont	tribution	Annua	reporting
Part I	Section	1 721(c) Property	(see instru	ctions)								-					
_ 1.		2.	3.	4.	5.		6. (On the date of co	ontrib						7. Events	1	
Tax year contributi		cription of property	Recovery period	Section 197(f)(9) property	Effectively connected income property	Fi	(a) air market value	(b) Basis		(c) Built-in ga	in	(a) Acceleration (including partial acceleration event)	(b) Termina	tion	(c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer
1																	
2																	
3																	
4																	
4a		art I additional ent(s), if any															
		ership rules of Tempo								ctions			<u></u>	<u></u>		🗌 Yes	No
Part II	nemali	ning Built-in Gai					cognition	•	ons)			(d)				(a)	
Part I, line number		(a) ning built-in gain at inning of tax year		(b) Remaining bu end of ta	uilt-in gain at			(c) ial income allocat U.S. transferor	ed	dı		(d) n recognized cceleration eve	nt			(e) ain recognized section 367 tra	
1																	
2																	
3																	
4																	
Total*																	

* Total must include any amounts included on an attached statement. See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

Schedule G (Form 8865) (11-2018)

Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part		on Percenta	<u>gee er i ai ai a</u>					(300	, 113110					
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
.	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)	(a)	(b)		(c)
Part I, line	U.S.	Related domestic	U U		Related domestic	0	U.S.	Related don		Related foreign	U.S.	Related domestic		ed foreign
number	transferor	partners	partners	transferor	partners	partners	transferor	partner	ſS	partners	transferor	partners	r P	artners
1	%	%	%	%	%	%	%	,)	%	%	%	9	6	%
2	%	%	%	%	%	%	%	D	%	%	%	9	6	%
3	%	%	%	%	%	%	%		%	%	%	9	6	%
4	%	%	%	%	%	%	%		%	%	%	9	6	%
Part	IV Allocati	on of Items	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	ee instructio	ons)					
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)			(b)	(a)		(b)	
number	Deel		Tax	Book		Tax	Book			Tax	Book		Tax	
1														
2														
3														
4														
Part	V Addition	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b below	w, complete Sch	nedule H.						Yes No
1			leration event or						721(c)	-4T or Temporar	у			
	Regulations sec	tion 1.721(c)-5T(d)) occur with res	spect to one or n	nore section 721	(c) properties?							1	
2			ation event (as d										2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(c)-5T(c)) occur w	ith respect	to on	e or more sectior	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition c	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regu	ulation	s section 1.721(c)-5T(f))?		4	
5	During the tax y	ear, was there a	direct or indirect	transfer of secti	on 721(c) prope	ty to a foreign c	orporation subje	ect to sectio	on 367	(as described in				
	Temporary Regu	ulations section -	1.721(c)-5T(e))?										5	
6a	Was any additio										e each			
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b					6a	
b	Is the gain defer	ral method appli	ied with respect	o one or more o	f such additiona	section 721(c) p	property contribution	uted?					6b	
7a	Was a copy of t	he waiver of trea	ty benefits (as de	escribed in Temp	orary Regulation	ns section 1.721	(c)-6T(b)(2)(iii)) file							
	property contrib	ution to the sect	tion 721(c) partne	ership? If "Yes,"	complete line 7b)							7a	
b	With respect to													
			s knowledge and											
	subject to taxati		,								,			
			t are related fore											
	the time of the g convention to a													
			tion 1.721-6T(b)(3										7b	
Part			nation (see ins											

Page 2

(Form 8865 (November 2018 Department of the Internal Revenue S	5) 3) Treasury		Deferral	Method 8865. See the 1	Unde	er Section	721(c) 8865.	OMB N	lo. 1545-1668
Name of person	-	65		F	iler's ide	entifying number		1	
		JNITY FOUNDATI	ON			744184	Defense iD and		
Name of partner	-	TAL PARTNERS I	v	Success		EIN (if any) 98–1226	Reference ID nun 5036 0180AKHI		
	C COMM	JNITY FOUNDATI		U.S. trar			see instructions)	Anr	nual reporting
· · · · · · · · · · · · · · · · · · ·		n Event (see instruct	tions)				1		
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event		(d) Gain recognized	(e) Partnership's adjust to section 721(c property tax bas	c)	(f) Partial acceleration event
Part II T	l erminatio	n Event (see instructi	ions)						
(a) Schedule G, Part I, line number				(b) Description of event	n				(c) Date of event
Part III S	uccessor	Event (see instructio	ns)					l	
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event			(d) U.S. taxpayer identification nu p, lower-tier partnership, upp corporation (as applicable	er-tier partn	
Part IV		sposition of a Portion					·	(e)	
	(a Descri or eve	ption	(b) Date of event	(c) Percen of partne interest di	tage ership	(d) Percentage of partnership interest retaine	Aggregat built-in gair	e remaining attributed	to
	ection 367	Transfer Event (see	e instructi	,		I			
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event	re	(d) Gain ecognized	e, Name, address, and of foreign tr corporation (as	d U.S. TIN (ransferee	
				-					
	upplemen TS TO F	tal Information (see	instructio	ons)					
	10 10 1								

0065	Retu	m of U.S. Pers Certain Foreig					OMB	No. 1545-1668
Form 8865	•	Attach to	your tax return.	-			9	010
	•	w.irs.gov/Form8865 for it or the presence of t			on.			.019
Department of the Treasury Internal Revenue Service		beginning JAN	0 1	, and ending DEC	31	, 2019		hment ence No. 118
Name of person filing this re	eturn				Filer'	s identificat	ion numbe	r
CATHOLIC CO	OMMUNITY FOUND	ATION			4	1-174	4184	
OF MINNESO								
Filer's address (if you aren't	filing this form with your tax re	turn)	A Category o	of filer (see Categories of Fi				blicable box(es)):
			B Filer's tax	2 ^{year} JUL 1	3 201	<u>X</u>		30,2020
C Filer's share of liabilities:	Nonrecourse ¢	Qualified non	B beginning recourse financi		,201	9 , and endi Other		30,2020
	consolidated group but not the j					Uller	φ	
Name	sonoondatod group bat not the		, mormation ab	r	EIN			
Address				•				
E Check if any excepted sp	ecified foreign financial assets	are reported on this form.	See instructions	S				
F Information about certai	n other partners (see instructior	s)		I				
(1) Name		(2) Address		(3) Identification num	ber		Check applica	
(.)		(-)		(-)		Category 1	Category 2	Constructive owner
G1 Name and address of for	reign partnership					2(a) EIN ((if anv)	I
	RK REAL ESTATE	FUND I US 7	ſΈ			` <i>`</i>	-1399	152
						2(b) Refe	rence ID nu	ımber
11-15 SEATON	PLACE					018H	ENDE8	865JEX05
ST. HELIER, C	JERSEY JE4 0QH					-		se laws organized
Date of P	rincipal place	Principal business	- Principal bus	siness	Funct	JERSE	Evch	ange rate
4 organization 5 o 05/03/2016 JE	f business	6 Principal business activity code number 523900	/ activity	00	curre		8b (see ii	nstructions)
	formation for the foreign partne		INVESTM	ENTS US	עפ			
	ntification number of agent (if a		2 Check if th	ne foreign partnership	must fil	e .		
	ninoation namber of agont (if a				orm 880		Form 10	65
			Service Ce	enter where Form 106	5 is filed	:		
			E-FI		inte du of	the beeks and		- fourier
3 Name and address of fo	reign partnership's agent in cou	ntry of organization, if any		ddress of person(s) with ca and the location of such b			ferent	le foreign
				FINANCIAL		VICES		
			ST. HE	SEATON PLA	-	JE4 ()OU	
5 During the tax year, di	d the foreign partnership pay or	accrue any interest or ro			.961	0114 (
• • •	267A? See instructions	•				►	Yes	No
	amount of the disallowed dedu						\$	
	ction 721(c) partnership, as def						Yes	X No
7 Were any special alloc	ations made by the foreign part	nership?				►	X Yes	No No
	orms 8858, Information Return			-				•
	anches (FBs), attached to this r							
	p classified under the law of the						ED PA	RTNERSHI
	interest in the foreign partnersh eg. 1.1503(d)-1(b)(4) or part of							
			-				Yes	XNO
	rate unit or combined separate							
)(ii)?					►	Yes	No No
11 Does this partnership	meet both of the following requ	irements?)				
	otal receipts for the tax year we							
	rtnership's total assets at the er	d of the tax year was less	s than \$1 million	. [►	Yes	No
	e Schedules L, M-1, and M-2.			J				
LHA For Privacy Act and	Paperwork Reduction Act Not	ce, see the separate ins	ITUCTIONS.					Form 8865 (2019)

910651 01-15-20

Form 8	865 (2019)	CATHOLIC COMMUNI	ΓY F	OUNDATION OF	MINNES	50		43	1-1744	184	Page 2
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived int	angible income deduction (u	nder section 2	250) with res	pect to				
				· · · · · ·					Yes	3 🛛	ΔNo
b	If "Yes." enter	the amount of gross income derived									
	-	tions with or by the foreign partnershi			•		,				
	eligible incon					-			•		
C	•	r the amount of gross income derived					the				
-					• •	•			•		
d		the amount of gross income derived									
-		s computation of FDDEI				-			•		
13		nber of foreign partners subject to see									
10		nip or of receiving a distribution from t							•		
14		luring the tax year were any transfers									
									►	<u>د</u> ک	۲. No
15 a	·	ny transfers of property or money wit									
		quire disclosure under Regs. 1.703-3	-		-						
		lue of each transfer, and an explanation				•			►	<u>د</u> ک	۲. No
b		ership assume a liability or receive pr						thin			
-		od of transferring the property to the p		, ,	•		•				
		or value of each transfer, the debt assu						, ►	► Yes	<u>د</u> ک	K No
Sign Her	e Only Under pe	enalties of perjury, I declare that I have exami	ned this r	eturn, including accompanying sch	edules and state	ements, and to t	the best of my		dge and belief,	it is true,	
if You're This Forr		and complete. Declaration of preparer (other	han gene	ral partner or limited liability comp	any member) is I	based on all info	ormation of wh	ich prep	barer has any k	nowledge.	
Separate	ly and										
Not With Tax Retu		ignature of general partner or limited liability	ompany	member						Date	
Daid	RTM	ERLY'S ANDERSON,	K [®] T¶	BERLY ANDERS	ON.	Date	Chec	k [
Paid	6.07		CPA			12/11/)1888	89
Prep	Firm's r	name CLIFTONLARSO	-			//			41-07		
Use		address 8215 GREENWA			TE 600				8-662-		
Only		LETON, WI 53562									
Sche	dule A	Constructive Ownership of	of Part	nership Interest. Ch	eck the bo	xes that a	pply to th	e file	r. If you cl	neck	
		box b , enter the name, add		-							
		interest you constructively				·	•	•			
		a X Owns a direct interest		ьГ	Owns a	constructive	interest				
										Check if	1
		Name		Address			Identificatio	n numb	er (if any)	foreign person	direct partner
										1	1
										1	+
Sche	edule A-1	Certain Partners of Foreig	n Par	tnership (see instruct	tions)						
				• `	,						Check if
ST	ATEMEN	г 8 ^{Name}		Address			Identif	ication	number (if any)		foreign person
											1
											+
Sche	dule A-2	Foreign Partners of Section	on 721	I(c) Partnership (see	instruction	is)					
	of foreign			Country of	U.S. tax	payer	Check if rela	ted to	Perce	ntage intere	est
	artner	Address		organization (if any)	identificatio (if a		U.S. trans		Capital	F	Profits
				((.,,,				%	%
										%	%
Does th	e nartnershin k	nave any other foreign person as a dir	oct narti					<u> </u>	Yes		No //
	edule A-3	Affiliation Schedule. List			mestic) in	which the	foreian n	<u></u> artne			
Cone		a direct interest or indirect					loroign p	21010	10110 0111	-	
			,								Check if
		Name		Address			EIN (if any)			ordinary e or loss	foreign partner- ship
									+		snip
									+		
						I				Form 00	65 (2019)
											UU U U U U

SCHEDULE (Form 8865)		Tr	ansfer of Prop (Ur	perty to a F Inder Section	oreign F 6038B)	Partnersh	ip		OMB No	1545-1668
(Rev. December 2)	·		Attach to Form 8							1040-1000
Department of the Tre Internal Revenue Serv	/ice		o www.irs.gov/Form		tions and th	e latest inforn	1		_	
Name of transfero			MUNITY FOU	NDATION			Filer's iden			
Name of fouriers a		NESOTA						L7441		
Name of foreign p	arthership HE	NDERSC	ON PARK READ	L ESTATE	FUND I	EIN (if any) 98-139				ber (see instr) 865JE
b If "Yes," was2 Was any in	s the gain deferral tangible property t	method appl ransferred co	rship (as defined in Temp lied to avoid the recognit onsidered or anticipated defined in Regulations s	ion of gain upon the to be, at the time of	e contribution the transfer o	c)-1T(b)(14))? S of property? r at any	Gee instruction	ns[Yes Yes	X No No X No
	ransfers Reportabl):				105	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	Rec	(e) overy period	(f) Section 7 allocation m			(g) ecognized transfer
Cash	12/31/19		468,896.							
Stock, notes receivable and payable, and other securities										
Inventory										
Tangible property used in trade or business										
Intangible property described in section 197(f)(9)										
Intangible property, other than intangible property described in section 197(f)(9)										
Other property										
Totals			468,896.							
3 Enter the tr	ansferor's percent	age interest i	n the partnership: (a) Be	fore the transfer	1.7118	%	(b) Afte	r the trans	sfer 1.	5665 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	sitions Reportable	Under Section 60	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(f	f)(5)(F)?	Yes X No
LHA For Paperwork	Reduction Act Not	ice, see the Instru	ctions for Form 88	865.		Schedule	0 (Form 8865) 12-2018

SCHEDU (Form 88	65)		Statement of Application of the Gain Deferral Method Under Section 721(c)												OMB No. 1	545-1668	
(November	,				Attach t	o Eorm	9965 Saa t	he Instructions	for	Eorm 9965							
Department of the Internal Revenue	e Service			► Go t	•					e latest informa	ation.						
Name of pers	on filing Form	8865 CATHO	LIC CO		Y FOUNI										er's identific -17441	cation numb 84	er
Name of partr HENDER		RK REAL ES	TATE FU	UND I U	US TE] Successor partnership	EIN (i 98–	fany) 139915	2			nber (see instr 8865JE	
CATHOL		MUNITY FOUL			INNESO					Successor U.S. transferor	Filing	year: (see inst Tax year of ga	,	al con	ntribution	Annua	reporting
Part I	Section	721(c) Property	(see instru	ctions)								1					
_ 1.		2.	3.	4.	5.			On the date of co	ntrib						7. Events	1	
Tax year o		pription of property	Recovery periodSection 197(f)(9) propertyEffectively connected income property(a) Fair market value(b) Basis(c) Built-in gain(a) Acceleration property(b) Termination(c) SuccessorImage: tion of propertySection 197(f)(9) propertyEffectively connected income property(a) Fair market value(b) Basis(c) Built-in gain(b) Acceleration event)(c) Termination(c) Successor							(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer						
1																	
2																	
3																	
4																	
4a		art I additional ent(s), if any															
Do the t		rship rules of Tempo								ctions				<u></u>		🗌 Yes	No
Part I, line number	Remai	(a) ning built-in gain at nning of tax year	g built-in gain at Remaining built-in gain a				d Gain Recognition (see instructions) (c)			dı	(d) Gain recognized due to acceleration event				(e) ain recognized section 367 tra		
1														_			
2 3														+			
4														+			
Total*														+			
10101																	

* Total must include any amounts included on an attached statement. See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

Schedule G (Form 8865) (11-2018)

Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Fait	Part III Allocation Percentages of Partnership items with Respect to Section 721(c) Property (see instructions)												
		1. Income			2. Gain			3. Deduction			4. Loss		
Dentil	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)
Part I, line	U.S.	Related domestic	J J	U.S.	Related domestic		U.S.	Related domest	, v	U.S.	Related domestic		d foreign
number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	par	tners
1	%	%	%	%	%	%	%	, D	%	%	%		%
2	%	%	%	%	%	%	%	Ď	%	%	%		%
3	%	%	%	%	%	%	%	Ď	%	%	%		%
4	%	%	/0	%	%	/0	%	, b	%	%	%		%
Part	V Allocati	ion of Items t	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	ee instructions)					
.		1. Income			2. Gain			3. Deduction			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)	
number	Book		Tax	Book		Тах	Book		Tax	Book		Tax	
1													
2													
3													
4													
Part	V Additio	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b belov	w, complete Sch	nedule H.				Ye	es No
1	• •				•				(c)-4T or Tempora	•			
	Regulations sec	tion 1.721(c)-5T(d)) occur with res	spect to one or r	nore section 721	(c) properties?						1	
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to	one or more secti	on 721(c) prope	rties?	2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(c)-5T(c)) occur w	ith respect to o	ne or more sectio	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	scribed in Temp	oorary Regulatio	ons section 1.721	c)-5T(f))?		4	
5	During the tax y	ear, was there a	direct or indirect	transfer of secti	on 721(c) prope	rty to a foreign co	orporation subje	ect to section 3	67 (as described in	ı			
	Temporary Regu	ulations section ⁻	1.721(c)-5T(e))?									5	
6a	Was any additio	nal section 721(c) property contri	buted to the sec	ction 721(c) partr	nership during th	e tax year? If "Y	'es," complete	Schedule O, inclu	de each			
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	te line 6b				ba 📃	
b	Is the gain defer	ral method appli	ed with respect t	o one or more o	f such additiona	l section 721(c) p	property contribu	uted?				b di	
7a									to each section 7				
	property contrib	oution to the sect	ion 721(c) partne	ership? If "Yes,"	complete line 7b)						'a	
b					,	,	U	0	has the U.S. tran				
									the tax year rema				
			,					`	r section 871 or 8 partner was a part	,			
				0 1		· · ·	0		m under an incom				
									ection 721(c) prop				
	See Temporary	Regulations sect	tion 1.721-6T(b)(3	3)(vi)						-		'b	
Part	VI Suppler	mental Inforr	nation (see ins	tructions)									

Page 2

SCHEDU (Form 8865 (November 2018	5) ³⁾		Deferra	l Me	thod	Un	der	Reportin Section	721(c		ОМВ	No. 1545-1668	
Department of the Internal Revenue S	Treasury ervice	Go to www.ir								tion.			
Name of person	•	8865 MUNITY FOUNDATI	ON	_				ifying number 44184					
Name of partner	•	RK REAL ESTATE	FUND		Success partners			EIN (if any) 98–1399	152	Reference ID num 018HENDE		,	
Name of U.S. tra			1 0112		Success	· ·		Filing year: (s			00000		
		MUNITY FOUNDATI			U.S. trar	nsfer	or	Tax year	of gain de	eferral contribution	Ar	nual reporting	
Part I A		tion Event (see instruct (b)	tions)		(c)	Т				(e)		(f)	
Schedule G, Part I, line number		Description of event			Date of event		re	(d) Gain ecognized	F	Partnership's adjust to section 721(o property tax bas)	Partial acceleration event	
Part II T	erminat	ion Event (see instruct	ions)						I				
(a) Schedule G, Part I, line number					(b) Description of event	n						(c) Date of event	
Part III S		or Event (see instructio	ne)										
(a) Schedule G, Part I, line number		(b) Description of event		(c) (d) Date Name, address, and U.S. taxpayer identification nu of successor partnership, lower-tier partnership, uppe corporation (as applicable)					er-tier part	, , ,,			
Part IV T	axable [Disposition of a Portion		ntere			nersł	- '	see ins	,			
		(a) scription of event	(b) Date of event		(c) Percent of partne interest dis	tage ershij		(d) Percentage of partnership interest retained		Aggregat built-in gain partnership ir	attribute	d to	
									_				
Part V S	ection 3	67 Transfer Event (see	e instruc	tions))								
(a) Schedule G, Part I, line number		(b) Description of event					((d) Gain ognized	1	Name, address, and of foreign tr	(e) and U.S. TIN (if any) n transferee (as applicable)		
Part VI S	upplem	ental Information (see	instructi	ons)									
NO EVEN	TS TO	REPORT											

 LHA For Paperwork Reduction Act Notice, see the Instructions for Forth 2565. 910665 04-01-19
 Schedule H (Form 8865) (11-2018)

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 131839
 053-029835-00
 2019.05010
 CATHOLIC
 COMMUNITY
 FOUNDA
 053-0291

Form 8865	R	eturn of U.S. Pers Certain Foreig					OMB	No. 1545-1668
	► Go		your tax return.	-	n.		2	019
Department of the Treasury		Information furnished for th	• •				Attac	hment 110
Internal Revenue Service		beginning JAN	[1,2019]	, and ending DEC	31	<u>, 2019</u>		ence No. 118
Name of person filing this re						identificat		r
	OMMUNITY FOU	INDATION			4	1-174	4184	
OF MINNESO		tav return)		of filer (see Categories of Fi	ers in the	instructions	nd check apr	licable box(es)).
	ning this form with your		1		3	X	4	
			B Filer's tax beginning		201			30 2020
C Filer's share of liabilities	Nonrecourse \$	Qualified non	recourse financi			Other		<u> </u>
		t the parent, enter the following				0.1101	Ŷ	
Name	5		,		EIN			
Address				·				
	ecified foreign financial a n other partners (see insti	ssets are reported on this form. ructions)	. See instructions	S	<u></u>			
						(4)	Check applica	able box(es)
(1) Name		(2) Address		(3) Identification num	ber	Category 1	Category 2	Constructive owner
G1 Name and address of for	• •	~ /				2(a) EIN (
OAK HILL CAP		IS V (ONSHORE					-1456	
TAX EXEMPT) 1 263 TRESSER 1						.,	rence ID nu אדידי ס	
STAMFORD, CT	06901	LOOK						865CJX06 se laws organized
SIAMOND, CI	00901							-
4 Date of organization 5 P	rincipal place f business	6 Principal business 6 activity code number	7 Principal bus	siness 8a	Funct	ional	L Excha	ange rate nstructions)
12/21/2018CA	YMAN ISLANDS	5 523900	INVESTM			icy	Gee I	istructions)
H Provide the following inf				•				
1 Name, address, and ider	ntification number of agen	t (if any) in the United States	2 Check if th	ne foreign partnership	must file	e:		
			Fc	orm 1042 🛛 🗌 F	orm 880	14 X] Form 10	55
				enter where Form 1065	is filed	:		
			E-FI Name and a		istody of t	he books and	records of th	e foreian
3 Name and address of for WALKERS CORP(• • • •	in country of organization, if an תי		ddress of person(s) with cu and the location of such b RUST CORPO				
		27 HOSPITAL R	-	ESSER BLVD			-	95
		I CAYMAN ISLAN			, <u>1</u> 901		JOOK	
		pay or accrue any interest or ro						
						►	Yes	XNo
		deductions					\$	
		as defined in Temporary Regul					Yes	X No
7 Were any special alloc	ations made by the foreig	n partnership?				🕨	Yes	X No
		eturn of U.S. Persons With Res		-				•
		this return. See instructions						0
		of the country in which it's org				CACMP	т пь	
		tnership, or an interest indirect art of a combined separate unit						
			-				Yes	X No
b If "Yes." does the sepa	rate unit or combined sep	arate unit have a dual consolida	ated loss, as defi	ned in				
						▶	Yes	No No
11 Does this partnership	meet both of the followin	g requirements?		J				
		ar were less than \$250,000.						
		the end of the tax year was less	s than \$1 million	. [►	Yes	No No
	e Schedules L, M-1, and I			J				
LHA For Privacy Act and	Paperwork Reduction A	ct Notice, see the separate ins	tructions.					Form 8865 (2019)

910651 01-15-20

Form 88	65 (2019)	CATHOLIC COMMUNI	ΓY F	FOUNDATION OF	MINNES	50		41	-1744	184	Page 2
12 a	Is the filer	of this Form 8865 claiming a foreign-de	rived in	tangible income deduction (u	nder section 2	250) with res	pect to				
	any amour	its listed on Schedule N?						🕨	• 🗌 Yes	X	No
b	lf "Yes," en	ter the amount of gross income derived	from sa	ales, leases, exchanges, or oth	ner dispositio	ns (but not lic	censes)				
	from trans	actions with or by the foreign partnersh	p that t	he filer included in its comput	ation of foreig	gn-derived de	eduction				
	•							Þ	•		
C	lf "Yes," en	ter the amount of gross income derived	from a	license of property to or by th	ne foreign par	tnership that	the				
								🕨	•		
d		ter the amount of gross income derived				-					
		its computation of FDDEI						🕨	•		
13		umber of foreign partners subject to se									
		ship or of receiving a distribution from						🏲	•		
14		e during the tax year were any transfers						•		V	No
15 a		nts of Regulations section 1.707-8?		war pariad batwaap the parts				🗖	Yes	1	
15 a		require disclosure under Regs. 1.703-3			-						
		value of each transfer, and an explanation		•					Yes	X	No
b		thership assume a liability or receive pr						thin			
-		eriod of transferring the property to the			•		•				
		t or value of each transfer, the debt assi		-				, ►	Yes	X	No
Sign Here	Only Under	penalties of perjury, I declare that I have exami	ned this r	eturn, including accompanying sch	edules and state	ements, and to t	he best of my			t is true,	
if You're F This Form	5	ct, and complete. Declaration of preparer (other	than gene	eral partner or limited liability compa	any member) is i	based on all info	ormation of wh	icn prep	arer nas any kn	owieage.	
Separatel Not With											
Tax Retur		Signature of general partner or limited liability	company	member						Date	
Paid		BERLY'S ANDERSON ,	КТI	MBERLY ANDERS	ON,	Date	Chec		if PTIN		
Prepa	arer CPA		20 self-e			1888					
Use	Firm'	s name CLIFTONLARSO							41-07		
Only		s address 8215 GREENWA	Y BC	DULEVARD, SUI	re 600		Phone no	.608	8-662-	8600	
Caba		DLETON, WI 53562	f Daw	ha awah in Internation Oh				- file.	. If	l.	
Sche	dule A	Constructive Ownership of box b , enter the name, add							•		
		interest you constructively			lincation n		ing) of the	pers		50	
		a X Owns a direct interest	0001. 0	h	0,000000	oopotruotivo	interest				
				U [constructive	IIIIeresi			Check if	Check if
		Name		Address			Identificatio	n numbe	er (if any)	foreign person	direct partner
										porodit	partito
											<u> </u>
Sche	dule A-1	Certain Partners of Foreig	n Par	tnership (see instruct	tions)						<u> </u>
											Check if
		Name		Address			Identif	ication r	umber (if any)		foreign person
Sche	dule A-2	Foreign Partners of Section	on 72 ⁻	<u></u>	instruction	/					
	of foreign	Address		Country of organization	U.S. tax identificatio		Check if rela		Percen	tage intere	st
ра	rtner			(if any)	(if a	ıy)	U.S. transt	eror	Capital	P	Profits
										%	%
										%	%
		p have any other foreign person as a dir				·····	<u></u>		Yes .		No
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			mestic) in	which the	toreign p	artnei	rsnip owns	5	
			y Own I			I			1		Check i
~	۰. ۱۳۳۶ م	NT 9 ^{Name}		Address			EIN (if any)		Total o income		foreign partner- ship
S'I'/	ATEMEI	И.Т. Э					(uny)				ship
			I						1	orm 00	65 (2019)
										0111 00	JU (2013)

SCHEDULE (Form 8865)	o	Transfer of Property to a Foreign Partnership (Under Section 6038B)										
(Rev. December 2) Department of the Tre	,				tions for Form 8865.		OMB No. 154	5-1000				
Internal Revenue Serv	rice		to www.irs.gov/Form		s and the latest infor							
Name of transfero			MMUNITY FOUR	NDATION		Filer's identifying n						
Name of foreign p	OF MIN							(000 : notr)				
Name of foreign p			L CAPITAL PA MPT) LP	ARTNERS V (ONSH EIN (if any 98-14	· .	ence ID number OAKHI886	• •				
1a Is the partn	ership a section 7	21(c) partne	ership (as defined in Temp	oorary Regulations section	on 1.721(c)-1T(b)(14))?	See instructions	Yes 2	X No				
b If "Yes," wa	s the gain deferral	method app	lied to avoid the recognit	ion of gain upon the con	tribution of property?		Yes	No				
			considered or anticipated									
			s defined in Regulations s	ection 1.482-7(c)(1)? .			Yes 🗋	X No				
Part I Tr	ansfers Reportabl	e Under Se	ction 6038B									
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain reco on trans					
Cash	12/31/19		799,416.									
Stock, notes												
receivable												
and payable, and other												
securities												
Inventory												
Inventory												
Tangible												
property used in trade							_					
used in trade or business							_					
Intongiblo												
Intangible property												
described in												
section 197(f)(9)												
Intangible												
property, other than intangible												
property												
described in section 197(f)(9)												
Other												
property												
Totals			799,416.									
			in the partnership: (a) Be		.0000 %	(b) After the trar	nsfer 1. 91	148 %				
Supplemental Info	ormation Required	l To Be Rep	orted (see instructions):									

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner				
Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?											

SCHEDU (Form 88) (November 2) Department of th Internal Revenue	65) 2018) ne Treasury		Statement of Application of the Gain Deferral Method Under Section 721(c) Attach to Form 8865. See the Instructions for Form 8865. Go to www.irs.gov/Form8865 for instructions and the latest information.													OMB No. 1	545-1668
Name of perso		8865 CATHO	LIC CO		<u>to www.irs.g</u> Y FOUNI			structions and	l the	e latest informa	ition.				r's identific -17441	cation numb 8.4	er
Name of partr	nership	ITAL PARTNI	ERS V ((ONSHOI	RE					Successor partnership	EIN (if 98–2	^{any)} 145640		Refe	rence ID nun	nber (see instr 8865CJ	
	IC COM	MUNITY FOUL			INNESO					Successor U.S. transferor		/ear: (see inst Гax year of ga		l cont	ribution	Annua	reporting
Part I	Section	721(c) Property		r											_		
1. Tax year c contributio		period 197(f)(9) connected Fair market Basis Built-in gain Acceler property property property operty acceler property property broken acceler						(a) Acceleration (including partial acceleration event)	(b) Terminat	ion	7. Events (c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer				
1																	
2																	
3																	
4																	
4a		art I additional nt(s), if any															
Do the t	iered partne Remain	rship rules of Tempo ing Built-in Gair	rary Regulat	ions section	1.721(c)-3T(d) appl	y to this partr	nership? See in	struc	ctions						🗌 Yes	No
Part I, line number	Remaining Built-In Gain, Remedial Income, and (a) (b) Remaining built-in gain at beginning of tax year Remaining built-in gain end of tax year) uilt-in gain at					(d) recognized celeration eve	nt			(e) ain recognized section 367 tra			
1																	
2														_			
3 4														+			
4 Total*														+			
Total"																	

* Total must include any amounts included on an attached statement. See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

Schedule G (Form 8865) (11-2018)

Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

	Part III Anocation Percentages of Partnership items with Respect to Section 721(c) Property (see instructions)													
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
.	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)	(a)	(b)		(c)
Part I, line	U.S.	Related domestic	U U		Related domestic	0	U.S.	Related don		Related foreign	U.S.	Related domestic		ed foreign
number	transferor	partners	partners	transferor	partners	partners	transferor	partner	ſS	partners	transferor	partners	r P	artners
1	%	%	%	%	%	%	%	,)	%	%	%	9	6	%
2	%	%	%	%	%	%	%	D	%	%	%	9	6	%
3	%	%	%	%	%	%	%		%	%	%	9	6	%
4	%	%	%	%	%	%	%		%	%	%	9	6	%
Part	IV Allocati	on of Items	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	ee instructio	ons)					
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)			(b)	(a)		(b)	
number	Deel		Tax	Book		Tax	Book			Tax	Book		Tax	
1														
2														
3														
4														
Part	V Addition	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b below	w, complete Sch	nedule H.						Yes No
1			leration event or						721(c)	-4T or Temporar	у			
	Regulations sec	tion 1.721(c)-5T(d)) occur with res	spect to one or n	nore section 721	(c) properties?							1	
2			ation event (as d										2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(c)-5T(c)) occur w	ith respect	to on	e or more sectior	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition c	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regu	ulation	s section 1.721(c)-5T(f))?		4	
5	During the tax y	ear, was there a	direct or indirect	transfer of secti	on 721(c) prope	ty to a foreign c	orporation subje	ect to sectio	on 367	(as described in				
	Temporary Regu	ulations section -	1.721(c)-5T(e))?										5	
6a	Was any additio										e each			
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b					6a	
b	Is the gain defer	ral method appli	ied with respect	o one or more o	f such additiona	section 721(c) p	property contribution	uted?					6b	
7a	Was a copy of t	he waiver of trea	ty benefits (as de	escribed in Temp	orary Regulation	ns section 1.721	(c)-6T(b)(2)(iii)) file							
	property contrib	ution to the sect	tion 721(c) partne	ership? If "Yes,"	complete line 7b)							7a	
b	With respect to													
			s knowledge and											
	subject to taxati		,								,			
			t are related fore											
	the time of the g convention to a													
			tion 1.721-6T(b)(3										7b	
Part			nation (see ins											

Page 2

SCHEDU (Form 8865 (November 2018 Department of the Internal Revenue S	5) 3) Treasury		Deferral	Method U 3865. See the I	Jnde nstructi	r Section	721(c) 3865.	OMB N	o. 1545-1668
Name of person	-	365		Fi	ler's ider	ntifying number			
CATHOLI Name of partner		UNITY FOUNDATI	.ON	Success		744184 EIN (if any)	Reference ID num	her (see in	
		TAL PARTNERS V	(ONS	partners		98-1456			
Name of U.S. tra	•	nstructions) UNITY FOUNDATI	ON OF	U.S. tran			see instructions)	Δpr	nual reporting
		on Event (see instruct							
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event		(d) Gain recognized	(e) Partnership's adjust to section 721(c property tax bas)	(f) Partial acceleration event
Part II T	l erminatio	on Event (see instruct	ions)						
(a) Schedule G, Part I, line number			,	(b) Description of event	1				(c) Date of event
Part III S	uccessor	Event (see instructio	ns)						
(a) Schedule G, Part I, line number		(b) Description of event		(c) (d) Date of successor partnership, lower-tier partnership, upper event corporation (as applicable)					
Part IV T		sposition of a Portion						(-)	
	Desc	a) ription of ent	(b) Date of event	(c) Percent of partne interest dis	age rship	(d) Percentage of partnership interest retained	Aggregate built-in gain		to
	ection 36	7 Transfer Event (see	e instructi	,					
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event	rec	(d) Gain cognized	(e) Name, address, and of foreign tr corporation (as	d U.S. TIN (i ansferee	
		ntal Information (see	instructio	ons)					
NO EVEN	15 10	REPORT							

2265		n of U.S. Pers Certain Foreig					OMB	No. 1545-1668
Form 8865		Attach to	your tax return.	-			9	010
	•	w.irs.gov/Form8865 for prmation furnished for th			n.			019
Department of the Treasury Internal Revenue Service		beginning JAN	• .	, and ending DEC	31 .	2019	Attac Sequ	^{hment} ence No. 118
Name of person filing this return			,	, and on any <u></u>	- ,	identificati	on numbe	r
CATHOLIC COMM	UNITY FOUNDA	ATION			41	1-1744	4184	
OF MINNESOTA								
Filer's address (if you aren't filing	this form with your tax re	urn)	A Category of	of filer (see Categories of Fi	lers in the i	instructions a	nd check app	licable box(es)):
			Filer's tax	2	3	X	4	
			B beginning	^{year} JUL 1	2019	, and endir	ng JUN	30,2020
C Filer's share of liabilities: Nonr			recourse financi	0		Other	\$	
D If filer is a member of a conso	lidated group but not the p	arent, enter the following	g information abo					
Name					EIN			
Address	d forsign financial coasta	ra rapartad on this form	Casinatrustian					
 <u>E</u> Check if any excepted specifie F Information about certain other 			See instructions	S				·····
		5)				(4) (heck applica	ble box(es)
(1) Name		(2) Address		(3) Identification num	ber	Category 1	Category 2	Constructive owner
G1 Name and address of foreign p	artnership					2(a) EIN (if any)	
THE VARDE FUND	XIII (B) (FI	EEDER), L.P.	•			98-	-1433	361
C/O WALKERS COR		ED				2(b) Refer		
27 HOSPITAL ROA					Ļ			865CJX08
GEORGE TOWN, GR	AND CAYMAN (CAYMAN ISLAN	NDS KY1-			,		se laws organized
Date of Principa		Principal business	- Principal bus	siness	Euncti		Evcha	ANDS ange rate
4 organization 5 of busin		6 Principal business activity code number	/ activity	loa	curren		8b (see in	nstructions)
05/22/2018CAYMA		523900	INVESTM	ENTS US	5D			
H Provide the following informat			0 Check if th	a faraign nartnarabin	must file			
1 Name, address, and identificat	ion number of agent (if an	y) in the United States		ne foreign partnership form 1042	orm 8804] Form 106	35
				enter where Form 1065				5
			E-FI		, 10 mou.			
3 Name and address of foreign	partnership's agent in cour	ntry of organization, if an	y 4 Name and a partnership,	ddress of person(s) with cu and the location of such b	istody of th ooks and r	he books and records, if diffe	records of th erent	e foreign
WALKERS CORPORA				S CORPORAT				
CAYMAN CORPORAT	_ • /			CORPORATE				
GEORGE TOWN, GR					ND C	AYMAN	I CAYN	IAN ISLA
5 During the tax year, did the allowed under section 267A		accrue any interest or ro				►	Yes	X No
If "Yes," enter the total amou							<u> </u>	
6 Is the partnership a section			ations section 1.	721(c)-1T(b)(14)?		►	Yes	X No
7 Were any special allocations						🕨	Yes	X No
8 Enter the number of Forms				•				
(FDEs) and Foreign Branche								
9 How is this partnership clas						CACMF.		
10 a Does the filer have an intere separate unit under Reg. 1.1								
			-				Yes	X No
b If "Yes," does the separate u	nit or combined separate i							
Reg. 1.1503(d)-1(b)(5)(ii)?							Yes	No
11 Does this partnership meet						💌	103	
1. The partnership's total re								
2. The value of the partners			s than \$1 million	. }		►	Yes	No No
If "Yes," don't complete Sch		-	-					
LHA For Privacy Act and Pape	rwork Reduction Act Noti	ce, see the separate ins	tructions.					Form 8865 (2019)

910651 01-15-20

Form 886	65 (2019)	CATHOLIC COMMUNI	TY F	OUNDATION OF	MINNESO		41-1744	184	Page 2
12 a	Is the filer of	this Form 8865 claiming a foreign-de	erived int	angible income deduction (u	nder section 250) with	respect to			
	any amounts	listed on Schedule N?					► 🗌 Yes	X	No
b	If "Yes," enter	r the amount of gross income derived							
	from transac	tions with or by the foreign partnersh	ip that th	e filer included in its compu	tation of foreign-derived	d deduction			
	eligible incor	ne (FDDEI)					▶		
C	If "Yes," enter	r the amount of gross income derived							
	filer included	in its computation of FDDEI					▶		
d	If "Yes," enter	r the amount of gross income derived							
	included in it	s computation of FDDEI							
13	Enter the nur	nber of foreign partners subject to se	ction 864	4(c)(8) as a result of transfer	ring all or a portion of a	an interest in			
	the partnersh	nip or of receiving a distribution from	the partr	nership			▶		
		luring the tax year were any transfers							
	requirements	of Regulations section 1.707-8?					► 🗌 Yes	X	No
15 a	Were there a	ny transfers of property or money wit	hin a 2-y	ear period between the parti	nership and any of its pa	artners			
	that would re	equire disclosure under Regs. 1.703-3	or 1.707	7-6? If "Yes," attach a statem	ent identifying the trans	sfers, the			
	amount or va	alue of each transfer, and an explanati	on of the	e tax treatment. See instructi	ons for exceptions		Yes	X	No
b	Did the partn	ership assume a liability or receive p	operty s	ubject to a liability where suc	ch liability was incurred	by a partner within	า		
	a 2-year peri	od of transferring the property to the	partnersl	hip? If "Yes," attach a statem	ent identifying the prop	erty transferred,			_
		or value of each transfer, the debt ass					Ves		No
Sign Here if You're Fi		enalties of perjury, I declare that I have exam and complete. Declaration of preparer (other							
This Form Separately	and								
Not With Y	'our 📄 🗕						 		
Tax Return		ignature of general partner or limited liability		TERLIT ANDERS	Date			Date	
Paid	6.07	BERLY'S MANDERSON,	CPA		UN,	1/20 Check self-empl		1888	80
Prepa	Firm's	name CLIFTONLARSO		-	μ2/1		► 41-07		
Use		address 8215 GREENWA			ኮፑ 600	FILLIS EIN	08-662-	8600	9
Only		DLETON, WI 53562	I DO	JULEVAND, SUI			00 002	0000	
Sched		Constructive Ownership	of Part	nership Interest. Ch	eck the boxes that	t apply to the f	iler. If you cl	neck	
		box b , enter the name, add					-		
		interest you constructively			(
		a X Owns a direct interest		ь∫	Owns a construct	tive interest			
								Check if	Check if
		Name		Address		Identification nu	ımber (if any)	foreign person	direct partner
									<u> </u>
Sched	lule A-1	Certain Partners of Forei	gn Par	tnership (see instruc	tions)			•	
		News		A status a s		lala a Mila a M			Check if
		Name		Address		Identificat	ion number (if any)		foreign person
Sched	lule A-2	Foreign Partners of Secti	on 721		instructions)				
Name of		Address		Country of organization	U.S. taxpayer identification number	Check if related	10	ntage intere	est
part	tner			(if any)	(if any)	U.S. transfero	Capital	F	Profits
								%	%
								%	%
Does the	partnership	have any other foreign person as a di					Yes		No
Sched	dule A-3	Affiliation Schedule. List			omestic) in which t	he foreign part	nership own	S	
		a direct interest or indirect	y owns	s a 10% interest.					
		Name		Address		EIN		ordinary	Check if foreign
STA	TEMEN	г 1 ^{Name}		, (34, 000		(if any)	incom	e or loss	partner- ship
									_
								Form 88	65 (2019)

SCHEDULE (Form 8865)	o	Tr	ransfer of Prop (Ur	perty to a Fore	eign Pa 8B)	rtnersh	ip			1545-1668		
(Rev. December 2				865. See the Instruct					UND NO.	1545-1000		
Department of the Tre Internal Revenue Serv	/ice		to www.irs.gov/Form		and the l	atest inform			_			
Name of transfero			MMUNITY FOUR	NDATION			Filer's iden					
	OF MIN							L7441	-			
Name of foreign p			DE FUND XII		ER),	EIN (if any)				ber (see instr)		
			KERS CORPORA			98-143		_		865CJ		
			rship (as defined in Temp						Yes	X No		
	-		lied to avoid the recogniti					I	Yes	No No		
			onsidered or anticipated t						Vee	XNo		
	ransfers Reportabl		defined in Regulations se	ection 1.482-7(C)(T)?					Yes	XNO		
	<u>і</u>			<i>(</i>))						()		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis		(e) ery period	(f) Section 704(c) allocation method		Section 704(c)			(g) recognized transfer
Cash	12/31/19		200,000.									
Stock, notes	///											
receivable												
and payable, and other												
securities												
Inventory												
Tangible												
property												
used in trade												
or business												
Intangible												
property described in												
section												
197(f)(9)												
Intangible property, other												
than intangible												
property described in												
section 197(f)(9)												
Other												
Other property												
property									+			
Totala			200 000									
Totals			200,000.	foro the transfer	7401	0/	(L) A.D.	r the tar	ofor	6622 0/		
		-	in the partnership: (a) Be	iore the transfer •	7491	%	(υ) ΑΠΕ	er the tran	5181 •	6622 %		

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	gnition under section 90	04(f)(3) or section 904(f)(5)(F)? ►	Yes X No
LHA For Paperwork	Reduction Act Not	tice, see the Instru	ctions for Form 8	865.		Schedule	0 (Form 8865) 12-2018

SCHEDU (Form 88			Sta	atemer	nt of Ap			of the Ga ction 721			Me	ethod				OMB No. 1	545-1668
(November	2018)								-	-							040 1000
Department of t Internal Revenue	he Treasury e Service			► Go t				he Instructions Istructions and			ition.						
	ion filing Form		LIC CO	MMUNIT	Y FOUNI	DATI	ON								er's identific -17441	ation numb 84	er
Name of parts		ND XIII (B) (FEEI	DER), I	L.P.					Successor partnership	EIN (i1 98-	^{fany)} 143336	1			nber (see instri 8865CJ	
CATHOL		MUNITY FOUL			INNESO					Successor U.S. transferor	l — ĭ	year: (see inst Tax year of ga	,	al con	itribution	Annual	reporting
Part I	Section	721(c) Property	(see instru	ctions)													
1.		2.	3.	4.	5.		6. (On the date of cor	ntribu						7. Events		
Tax year o		cription of property	Recovery period	Section 197(f)(9) property	Effectively connected income property	Fa	(a) ir market value	(b) Basis		(c) Built-in gai	n	(a) Acceleration (including partial acceleration event)	(b) Termina	tion	(c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer
1																	
2																	
3																	
4																	
4a		art I additional ent(s), if any															
Do the t		rship rules of Tempo iing Built-in Gair								ctions				<u></u>		🗌 Yes	No
Part I, line number	Remai	(a) ning built-in gain at nning of tax year		(b Remaining bu end of ta) uilt-in gain at		Remedi	(c) (c) al income allocate U.S. transferor		du		(d) recognized celeration eve	nt			(e) ain recognized section 367 tra	
1																	
2																	
3																	
4														_			
Total*																	

* Total must include any amounts included on an attached statement. See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

Schedule G (Form 8865) (11-2018)

Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part		on Percenta	<u>gee er i ai ai a</u>					(300	, 113110					
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
.	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)	(a)	(b)		(c)
Part I, line	U.S.	Related domestic	U U		Related domestic	0	U.S.	Related don		Related foreign	U.S.	Related domestic		ed foreign
number	transferor	partners	partners	transferor	partners	partners	transferor	partner	ſS	partners	transferor	partners	r P	artners
1	%	%	%	%	%	%	%	,)	%	%	%	9	6	%
2	%	%	%	%	%	%	%	D	%	%	%	9	6	%
3	%	%	%	%	%	%	%		%	%	%	9	6	%
4	%	%	%	%	%	%	%		%	%	%	9	6	%
Part	IV Allocati	on of Items	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	ee instructio	ons)					
		1. Income			2. Gain			3. Deduc	tion			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)			(b)	(a)		(b)	
number	Deel		Tax	Book		Tax	Book			Tax	Book		Tax	
1														
2														
3														
4														
Part	V Addition	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b below	w, complete Sch	nedule H.						Yes No
1			leration event or						721(c)	-4T or Temporar	у			
	Regulations sec	tion 1.721(c)-5T(d)) occur with res	spect to one or n	nore section 721	(c) properties?							1	
2			ation event (as d										2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(c)-5T(c)) occur w	ith respect	to on	e or more sectior	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition c	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regu	ulation	s section 1.721(c)-5T(f))?		4	
5	During the tax y	ear, was there a	direct or indirect	transfer of secti	on 721(c) prope	ty to a foreign c	orporation subje	ect to sectio	on 367	(as described in				
	Temporary Regu	ulations section -	1.721(c)-5T(e))?										5	
6a	Was any additio										e each			
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b					6a	
b	Is the gain defer	ral method appli	ied with respect	o one or more o	f such additiona	section 721(c) p	property contribution	uted?					6b	
7a	Was a copy of t	he waiver of trea	ty benefits (as de	escribed in Temp	orary Regulation	ns section 1.721	(c)-6T(b)(2)(iii)) file							
	property contrib	ution to the sect	tion 721(c) partne	ership? If "Yes,"	complete line 7b)							7a	
b	With respect to													
			s knowledge and											
	subject to taxati		,								,			
			t are related fore											
	the time of the g convention to a													
			tion 1.721-6T(b)(3										7b	
Part			nation (see ins											

Page 2

SCHEDU (Form 8865 (November 2018	5)		Deferral	Method (Jno	der	Section	721(c)		OMB N	o. 1545-1668
Department of the Internal Revenue Se	Treasury ervice	► Attac ► Go to www.ir		8865. See the line 18865 for instru					tion.		
Name of person		8865 MUNITY FOUNDATI	ON				fying number 44184				
Name of partner		ND XIII (B) (FE	EDER)	Success partnersh			EIN (if any) 98–1433	361	Reference ID num		
Name of U.S. tra	ansferor (see	e instructions)		Success	or		Filing year: (s				01100
		MUNITY FOUNDATI tion Event (see instruct		U.S. tran	sfero	or	Tax year	of gain de	eferral contribution	Anr	nual reporting
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event		re	(d) Gain cognized	F	(e) Partnership's adjust to section 721(o property tax bas	;)	(f) Partial acceleration event
Part II T	erminat	ion Event (see instructi	ions)	•				1			
(a) Schedule G, Part I, line number				(b) Description of event	I						(c) Date of event
Part III S	uccesso	or Event (see instructio	ns)							I	
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event			,	, lower-tie	(d) yer identification nu er partnership, uppe ration (as applicable	er-tier partn	, , , ,,
			<i>.</i>		_		· - · · /				
Part IV T	axable l	Disposition of a Portion (a)	<u>n ot an in</u> (b)		irtn	ersn	(d)	see ins		(e)	
		of event	Date of event	Percent of partne interest dis	rship		Percentage of partnership interest retained			e remaining attributed	to
						_					
	ection 3	67 Transfer Event (see	e instruct	,					(0)		
(a) Schedule G, Part I, line number		(b) Description of event		(c) Date of event		G	(d) Bain gnized	(e) Name, address, and U.S. ⁻ of foreign transfer corporation (as applic			
Part VI S	upplem	ental Information (see	instructio	ons)							
NO EVEN	TS TO	REPORT									

FORM 8865	AFFILIATION SCHEDULE		STATEMEN	т 7
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
WOLVERINE AGGREGATOR, LP	263 TRESSER BLVD, 15TH FLO	82-1542678		
OH CYPRESS AGGREGATOR, LP	STAMFORD, CT 06901 263 TRESSER BLVD, 15TH FLO	82-1947524		
EXCELSIOR HOLDINGS LP	STAMFORD, CT 06901 350 LINCOLN PLACE, SUITE 1	83-0775396		

SWORDFISH HOLDINGS,	HIGHAM, MA 02043 6800 E 163RD STREET	82-4064420
OHCP PYTHON AGGREGATOR LP	BELTON, MO 64012 263 TRESSER BLVD, 15TH FLO	83-2896015
AGGREGATOR DF	STAMFORD, CT 06901	

FORM 8865

CERTAIN PARTNERS OF FOREIGN PARTNERSHIP STATEMENT 8

NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
113011 INVESTMENT HOLDINGS	650 MADISON AVE 17TH FLOOR	99-99999999	
	NEW YORK, NY 10022		
DOW EMPLOYEES PENSION PLAN	211 H.H DOW WAY	99-99999999	
	MIDLAND, MI 48674		
LOUISIANA SCHOOL EMPLOYEES	8660 UNITED PLAZA BLVD	99-99999999	
	BATON ROUGE, LA 70809		

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 9
NAME	ADDRESS	IDENTIFYING NUMBER	CK TOTAL IF ORDINARY FOR- INCOME EIGN OR (LOSS) P'SH
OHCP CRIMSON HOLDINGS LP	263 TRESSER BLVD, 15TH FLO	84-3406032	
OHCP TEM HOLDCO LP	STAMFORD, CT 06901 263 TRESSER BLVD, 15TH FLO STAMFORD, CT 06901	84-3776535	

FORM 8865	AFFILIATION SCHEDULE		STATEMEN	т 10
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	FOR- EIGN
VP WATTENBERG LLC	901 MARQUETTE AVE S, SUITE MINNEAPOLIS, MN 55402	83-2448415		
VP MAGMA HOLDINGS LLC	901 MARQUETTE AVE S, SUITE	83-2334118		
	MINNEAPOLIS, MN 55402			
WERT LLC	901 MARQUETTE AVE S, SUITE MINNEAPOLIS, MN 55402	26-1608476		
VARDE INDONESIA HOLDINGS L	901 MARQUETTE AVE S, SUITE	82-2555548		
	MINNEAPOLIS, MN 55402			
ARVO LLC	CAYMAN CORPORATE CENTER 27 GEORGE TOWN, GRAND CAYMAN	26-3629135		х
AUS FUNDING I PTE LTD	77 ROBINSON ROAD	98-1479401		х
	SINGAPORE, SINGAPORE			
BITUMINOUS INVESTMENTS LLC	901 MARQUETTE AVE S, SUITE	47-2424917		
EAGLE HOLDINGS LIMITED	MINNEAPOLIS, MN 55402 FIRST FLOOR JUBILEE BUILDI	98-1442011		x
	DOUGLAS, ISLE OF MAN ISLE			
HASTAGARE LLC	901 MARQUETTE AVE S, SUITE MINNEAPOLIS, MN 55402	47-4782246		
MARIETTE HOLDINGS LIMITED	13-14 ESPLANADE	98-1464739		х
	ST. HELIER, JERSEY JE1 1BD			
NILAI PARTNERS PTE LTD	77 ROBINSON ROAD	98-1195329		x
	SINGAPORE, SINGAPORE 06889			
SHUBH HOLDINGS PTE LTD	77 ROBINSON ROAD	98-1405364		х
VARDE HOLDINGS PTE LTD	SINGAPORE, SINGAPORE 06889 77 ROBINSON ROAD	98-1352779		х
	SINGAPORE, SINGAPORE 06889			Λ
VP WELD HOLDINGS LLC	901 MARQUETTE AVE S, SUITE MINNEAPOLIS, MN 55402	84-3071567		
VP WELD LLC	901 MARQUETTE AVE S, SUITE MINNEAPOLIS, MN 55402	84-3081651		
WINKLER LEA HOLDINGS LLC	901 MARQUETTE AVE S, SUITE	84-2552294		
	MINNEAPOLIS, MN 55402			
CREDIT SOLUTIONS INDIA HOL	77 ROBINSON ROAD	98-1476172		х
-	SINGAPORE, SINGAPORE 06889 CAYMAN CORPORATE CENTER 27	98-1430633		
L.P.	CEODOE TOWN CAVMAN TOLAND			

GEORGE TOWN, CAYMAN ISLAND

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	•
lame of transferor	Identifying number (see instructions)
CATHOLIC COMMUNITY FOUNDATION	
OF MINNESOTA	41-1744184
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
five or fewer domestic corporations?	Yes X No
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder Ide	ntifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes X No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Nome of percent correction EIN of	nevent concretion
Name of parent corporation EIN of	parent corporation
ARCLIGHT ENERGY PARTNERS FUND VI LP 36-48332	
d Have basis adjustments under section 367(a)(4) been made?	Yes X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section	on 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership EIN	l of partnership
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation) 5a I	dentifying number, if any
·	-1290178
	Reference ID number
PO BOX 309 JGLAND HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS 01	8LIMET926CJX0
7 Country code of country of incorporation or organization	ULIMET JZUCUAU
CJ	
8 Foreign law characterization (see instructions)	
CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	X Yes No
24531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

Form 926 (Rev. 11-2018) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 41-1744184 Page 2 Part III Information Regarding Transfer of Property (see instructions) Section A - Cash Section A - Cash

Type of property	(a)	(b)	(c)	(d)	(e)
	Date of	Description of	Fair market value on	Cost or other	Gain recognized on
	transfer	property	date of transfer	basis	transfer
Cash	12/31/2019		295,796.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

X Yes

No No

Form 926 (Rev. 11-2018)	CATHOLIC	COMMUNITY	FOUNDATION	OF	MINNESOTA	41-1744184	Page 3

Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life	
reasonably anticipated to exceed 20 years?	o
At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	o
Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	
1.367(d)-1(c)(3)(ii) for any intangible property?	0
I f the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	
to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	
Regulations section 1.367(d)-1(c)(3)(ii) 🕨 🕈	
Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	
time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	o
pplemental Part III Information Required To Be Reported (see instructions)	
SEE STATEMENT 11	
art IV Additional Information Regarding Transfer of Property (see instructions)	
	reasonably anticipated to exceed 20 years? Yes N At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes N Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d).1(c)(3)(ii) for any intangible property? Yes N If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable Yes N If the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) > \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes N Oplemental Part III Information Required To Be Reported (see instructions) Yes N YEE STATEMENT 11 I1 I1 I1

16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $.033 \%$ (b) After $.033 \%$		
17	Type of nonrecognition transaction (see instructions) IRC SEC. 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	•\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (F	Rev. 11-2018)

Return by a U.S. Transferor of Property **to a Foreign Corporation** Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Identifying number (see instructions)	ame of transferor
	CATHOLIC COMMUNITY FOUNDATION
41-1744184	OF MINNESOTA
s).	If not, list the controlling shareholder(s) and their identifying number(s).
Identifying number	Controlling shareholder
	c If the transferor was a member of an affiliated group filing a consolidated return, was it
parent corporation.	If not, list the name and employer identification number (EIN) of the parent corporation.
EIN of parent corporation	Name of parent corporation
EIN of parent corporation	Name of parent corporation
90-0786464	ASCENSION ALPHA FUND, LLC
90-0786464	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made?
90-0786464	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made?
90-0786464	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d.
90-0786464	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made?
90-0786464	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d.
90-0786464 Yes X No	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.
90-0786464 Yes X No	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.
90-0786464 Yes X No ansferor (but is not treated as such under section 367), EIN of partnership	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership
90-0786464 Yes X No ansferor (but is not treated as such under section 367), EIN of partnership artnership assets?	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?
90-0786464 Yes X No ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X No Yes X No	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership?
90-0786464 Yes X No ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X No Yes X No regularly traded on an established	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? lf the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on
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90-0786464 Yes X No ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X No Yes X No regularly traded on an established Yes X No	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market?
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90-0786464 Yes X ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X Yes	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation)
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90-0786464 Yes X ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X Yes	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? d Have basis adjustments under section 367(a)(4) been made? l If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3 a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100
90-0786464 Yes X ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X Yes	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? lif the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? art II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100 ORONTO, ONTARIO M5J 2T3 CANADA
90-0786464 Yes X ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X Yes	 ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100 ORONTO, ONTARIO M5J 2T3 CANADA Country code of country of incorporation or organization
90-0786464 Yes X ansferor (but is not treated as such under section 367), EIN of partnership artnership assets? Yes X Yes	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100 ORONTO, ONTARIO M5J 2T3 CANADA Country code of country of incorporation or organization CA
90-0786464 Image: Sector (but is not treated as such under section 367), EIN of partnership artnership assets? Image: Sector (but is not treated as such under section 367), EIN of partnership artnership assets? Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under section 367), Image: Sector (but is not treated as such under sector (but is not treated as	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? d Have basis adjustments under section 367(a)(4) been made? d Have basis adjustments under section 367(a)(4) been made? d If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100 ORONTO, ONTARIO M5J 2T3 CANADA Country code of country of incorporation or organization CA Foreign law characterization (see instructions)
90-0786464 Image: Sector (but is not treated as such under section 367), EIN of partnership artnership assets? Image: Yes X No Yes Yes X Image: Yes	ASCENSION ALPHA FUND, LLC d Have basis adjustments under section 367(a)(4) been made? d Have basis adjustments under section 367(a)(4) been made? d Have basis adjustments under section 367(a)(4) been made? d If the transferor was a partner in a partnership that was the actual transferor (but is not complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) ARROYO CHILE RENEWABLES II DIRECT INVESTMENT E Address (including country) 81 BAY STREET, SUITE 2100 ORONTO, ONTARIO M5J 2T3 CANADA Country code of country of incorporation or organization CA Foreign law characterization (see instructions) LIMITED PARTNERSHIP
Id. controlled (under section 368(c)) by	five or fewer domestic corporations?

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

Form 926 (Rev. 11-2018) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 41-1744184 Page 2 Part III Information Regarding Transfer of Property (see instructions) Section A - Cash Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		416,667.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

	1 2 1			· · · · ·	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

X Yes

No No

	Form 926 (Rev. 11-2018)	CATHOLIC	COMMUNITY	FOUNDATION	OF	MINNESOTA	41-1744184	Page 3
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14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 12		
Da	rt IV Additional Information Regarding Transfer of Property (see instructions)		
га			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before% (b) After%		
17	Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No

Recapture under section 1503(d)

Exchange gain under section 987
Did this transfer result from a change in entity classification?

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

c Did the domestic corporation not recognize gain or loss on the distribution of property because the

 Yes	X	No
Form 926	(Rev. 1	1-2018)

Yes

Yes

Yes

Yes

Yes

_ Yes

▶\$

No

X No

X No

X No

X No

X No

924533 04-01-19

b

С

d

19

21

Gain recognition under section 904(f)(5)(F)

If "Yes," complete lines 20b and 20c.

covered by section 367(e)(1)? See instructions

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)				
Name of transferor	Identifying number (see instructions)			
CATHOLIC COMMUNITY FOUNDATION				
OF MINNESOTA	41-1744184			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	n? Yes X No			
2 If the transferor was a corporation, complete questions 2a through 2d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))	by			
five or fewer domestic corporations?				
b Did the transferor remain in existence after the transfer?				
If not, list the controlling shareholder(s) and their identifying number(s).				
Controlling shareholder	Identifying number			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corp	poration? Yes X No			
If not, list the name and employer identification number (EIN) of the parent corporation.				
Name of parent corporation	EIN of parent corporation			
	0 1300150			
	8-1399152 Yes X No			
d Have basis adjustments under section 367(a)(4) been made?	Yes X No			
2. If the two second was a partner is a partner which that was the part of two second as a val	hunder eastion 267)			
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such complete questions 3a through 3d.	nunder section 307),			
 a List the name and EIN of the transferor's partnership. 				
Name of partnership	EIN of partnership			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No			
c Is the partner disposing of its entire interest in the partnership?	Yes X No			
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established				
securities market?	Yes X No			
Securities market? Part II Transferee Foreign Corporation Information (see instructions)				
4 Name of transferee (foreign corporation)	5a Identifying number, if any			
HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICL	Е			
6 Address (including country)	5b Reference ID number			
11-15 SEATON PLACE				
ST HELIER, JE4 0QH JERSEY 018HENDE926JEX				
 7 Country code of country of incorporation or organization 				
JE				
8 Foreign law characterization (see instructions) CORPORATION				
 9 Is the transferee foreign corporation a controlled foreign corporation? 	X Yes No			
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)			
147				

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

Form 926 (Rev. 11-2018) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 41-1744184 Page 2 Part III Information Regarding Transfer of Property (see instructions) Section A - Cash Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Cash	12/31/2019		502,926.			

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

	1 2 1			· · · · ·	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

X Yes

No No

Form 926 (Rev. 11-2018) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 41-1744184 Page	Form 926 (Rev. 11-2018)	CATHOLIC	COMMUNITY	FOUNDATION	OF	MINNESOTA	41-1744184	Page 3
------------------------------------------------------------------------------------	-------------------------	----------	-----------	------------	----	-----------	------------	--------

14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 13		
S	EE STATEMENT 13		
	EE STATEMENT 13		
 	EE STATEMENT 13		
 	EE STATEMENT 13		
 	EE STATEMENT 13		
 	EE STATEMENT 13		
	EE STATEMENT 13		
	TEE STATEMENT 13		

Part IV Additional Information Regarding Transfer of Property (see instructions)

16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before <u>100.000</u> % (b) After <u>100.000</u> %		
17	Type of nonrecognition transaction (see instructions) ► IRC SEC. 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (F	Rev. 11-2018)

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
CATHOLIC COMMUNITY FOUNDATION	
OF MINNESOTA	41-1744184
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion? Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
	orporation? Yes X No
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of If not, list the name and employer identification number (EIN) of the parent corporation.	corporation? Yes X No
Name of parent corporation	EIN of parent corporation
RIMROCK CAPITAL MANAGEMENT LLC	02-0565685
RIMROCK CAPITAL MANAGEMENT LLC d Have basis adjustments under section 367(a)(4) been made?	
	02-0565685
	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. 	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a 	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. 	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	02-0565685 Yes X No
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	02-0565685 Yes X No
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 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	02-0565685 Yes X No uch under section 367), EIN of partnership
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	02-0565685 Yes X No uuch under section 367), EIN of partnership Yes X Yes X Yes X Yes X
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? 	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis 	02-0565685
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 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	02-0565685
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 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD 6 Address (including country) 94 SOLARIS AVE, CAYMANA BAY BO BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CAYMAN ISLANDS 	02-0565685 Yes X No uch under section 367), EIN of partnership Yes X Sa Identifying number, if any
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3 a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD 6 Address (including country) 94 SOLARIS AVE, CAYMANA BAY BO BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CAYMAN ISLANDS 7 Country code of country of incorporation or organization 	02-0565685
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 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3 a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD 6 Address (including country) 94 SOLARIS AVE, CAYMANA BAY BO BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CAYMAN ISLANDS 7 Country code of country of incorporation or organization 	02-0565685
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD 6 Address (including country) 94 SOLARIS AVE, CAYMANA BAY BO BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CAYMAN ISLANDS 7 Country code of country of incorporation or organization CJ 8 Foreign law characterization (see instructions) 	02-0565685 Yes X No uch under section 367), EIN of partnership Yes X No hed Yes X No hed 5a Identifying number, if any 5b Reference ID number 018RIMRO926CAX0
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as a complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions) 4 Name of transferee (foreign corporation) RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD 6 Address (including country) 94 SOLARIS AVE, CAYMANA BAY BO BOX 1348 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CAYMAN ISLANDS 7 Country code of country of incorporation or organization CJ 8 Foreign law characterization (see instructions) 	02-0565685

2019.05010 CATHOLIC COMMUNITY FOUNDA 053-0291

Form 926 (Rev. 11-2018)	CATHOLIC	COMMUNITY	FOUNDATION	OF	MINNESOTA	41-1744184	Page 2
Part III	Informatio	on Regarding	Transfer of Pro	perty (see instruc	tions	S)		
Section	A - Cash							

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		8,000,000.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

	1 2 1			· · · · ·	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

X Yes

No No

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14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	🗌 No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) 🕨 🕈		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 14		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before .000 % (b) After .460 %		
17	Type of nonrecognition transaction (see instructions) IRC SEC. 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		

10	indicate whether any transfer reported in r art in is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	►\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Rev. 11-2018)

FORM 926

STATEMENT 11

(1) NAME OF TRANSFEROR: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA EIN: 41-1744184 ADDRESS: 2610 UNIVERSITY AVENUE W SUITE 500, ST. PAUL, MN 55114

(2) NAME OF TRANSFEREE: LIMETREE BAY CAYMAN, LTD EIN: 98-1290178 ADDRESS: PO BOX 309 UGLAND HOUSE GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS COUNTRY OF INCORPORATION: CAYMAN ISLANDS

CASH TRANSFER: LIMETREE BAY CAYMAN, LTD 12/31/19 - \$295,796

(3) TRANSFEROR RECEIVED STOCK OF LIMETREE BAY CAYMAN, LTD., WITH THE FAIR MARKET VALUE OF \$295,796

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY: STOCK OF LIMETREE BAY CAYMAN, LTD., FMV OF \$295,796

(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

FORM 926

STATEMENT 12

(1) NAME OF TRANSFEROR: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA EIN: 41-1744184 ADDRESS: 2610 UNIVERSITY AVENUE W SUITE 500, ST. PAUL, MN 55114

(2) NAME OF TRANSFEREE: ARROYO CHILE RENEWABLES II DIRECT INVESTMENT BLO EIN: FOREIGNUS ADDRESS: 181 BAY ST SUITE 2100, TORONTO, ONTARIO, CANADA COUNTRY OF INCORPORATION: CANADA

CASH TRANSFER: ARROYO CHILE RENEWABLES II DIRECT INVESTMENT BLOCKER, L.P. 12/31/19 - \$416,667

(3) TRANSFEROR RECEIVED STOCK OF ARROYO CHILE RENEWABLES II DIRECT INVESTMENT BLOCKER, L.P., WITH THE FAIR MARKET VALUE OF \$416,667

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY: STOCK OF ARROYO CHILE RENEWABLES II DIRECT INVESTMENT BLOCKER, L.P., FMV OF \$416,667

(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

FORM 926

STATEMENT 13

(1) NAME OF TRANSFEROR: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA EIN: 41-1744184
ADDRESS: 2610 UNIVERSITY AVENUE W SUITE 500, ST. PAUL, MN 55114
(2) NAME OF TRANSFEREE: HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICLE LTD EIN: IBEU01
ADDRESS: 11-15 SEATON PLACE ST HELIER JERSEY JE4 0QH COUNTRY OF INCORPORATION: JERSEY

CASH TRANSFER: HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICLE LTD \$502,926

(3) TRANSFEROR RECEIVED STOCK OF HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICLE LTD, WITH THE FAIR MARKET VALUE OF \$502,926

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY: STOCK OF HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICLE LTD, FMV OF \$502,926

(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

FORM	926	

STATEMENT 14

(1) NAME OF TRANSFEROR: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA EIN: 41-1744184 ADDRESS: 2610 UNIVERSITY AVENUE W SUITE 500, ST. PAUL, MN 55114

(2) NAME OF TRANSFEREE: RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD EIN: UNKNOWN ADDRESS: 94 SOLARIS AVE, CAMANA BAY, PO BOX 1348, GRAND CAYMANS, CAYMAN ISLANDS KY1-1108 COUNTRY OF INCORPORATION: CAYMAN ISLANDS

CASH TRANSFER: RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD \$8,000,000

(3) TRANSFEROR RECEIVED STOCK OF RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD, WITH THE FAIR MARKET VALUE OF \$8,000,000

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY: STOCK OF RIMROCK HIGH INCOME PLUS CAYMAN FUND LTD, FMV OF \$8,000,000

(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

►	File a	a separate	application	for eac	ch return.	

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

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 *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instruct CATHOLIC COMMUNITY FOUNDATI	Taxpayer identification number (TIN)				
File by the	OF MINNESOTA				41-1	744184
due date fo filing your return. See	r Number, street, and room or suite no. If a P.O. box, so 2610 UNIVERSITY AVENUE WEST					
instructions	City, town or post office, state, and ZIP code. For a for ST • PAUL , MN 55114	oreign addi	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
th ►	If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the orgation calendar year or	MAN anization's , an	return for: d ending <u>JUN 30, 2020</u>		npt organiz 	ension is for. ation return for
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less	20	¢	0.
	y nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	optor op	rofundable credite and	<u>3a</u>	\$	0.
	timated tax payments made. Include any prior year overpa	, ,		3b	s	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ	<u> </u>
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 88	-

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

		-		application		aaah		
┍	гпе	а	separate	application	TOF	eacn	return.	

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

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 *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	CATHOLIC COMMUNITY FOUNDATI	Taxpayer identification number (TIN)				
File by the	OF MINNESOTA				41-1	744184
due date fo filing your return. See	2610 UNIVERSITY AVENUE WEST					
instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
th ►	 . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the orgation calendar year or . X tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 months, clair Change in accounting period 	MAN anization's	return for: d ending <u>JUN 30, 2020</u>		npt organiz 	ension is for. ation return for
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less	20	¢	0.
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	optor op	refundable credits and	<u>3a</u>	\$	0.
	stimated tax payments made. Include any prior year overp	, ,		3b	s	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ	<u> </u>
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 88	-

Form 965
(Rev. January 2020)
Department of the Treasur Internal Revenue Service

Inclusion of Deferred Foreign Income Upon Transition to Participation Exemption System

Form **965** (Rev. 1-2020)

(Rev	. January 2020)	Attach to tax return.			01010 100. 1040	0 0 120	,
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form965 for instructions and the latest information					
For c	alendar year	, or other tax year beginning JULY 1, 2019 and ending JUNE	30,	202	20	of th	ne filer.
Nam		^{turn} THOLIC COMMUNITY FOUNDATION MINNESOTA			ifying number L-1744184	4	
retu	rn that begin in 2019		e person	filing	this		
		965(a) Inclusion		. 1			
			····· -	1			
2			····· -	2			
3		on 965(a) inclusions from pass-throughs.					
		and on your tax return as follows.					
	-	the line 3 total on Form 1120, Schedule C, line 15, column (a), or the					
		of other corporate tax returns.			22	0 0	220
	All others: See instr	uctions	. 🕨	3	23	9,8	<u>320</u> .
4	Reserved		····· -	4			
5				5			
6 Pa	Reserved	965(c) Deduction	. 🕨	6			
7				7			
8				8			
9				9			
10	Decembed			10			
11	Deserved			11			
12	De a constal			12			
13	December			13			
14	Reserved			14			
15	- ·			15			
16	Deserved			16			
17		on 965(c) deduction from pass-throughs.					
	-	and on your tax return as follows.					
		the line 17 total on Form 1120, Schedule C, line 15, column (c), or the					
	•	of other corporate tax returns.					
	All others: See inst			17			0.
Ра	rt III Election				Y	'es	No
Α	Was an election ma	de to pay the net tax liability over 8 years as provided for in section 965(h)?					Х
в		nolder in an S corporation.					
	Was an election ma	de to defer payment of net tax liability as provided for in section 965(i)?					Х
С		Estate Investment Trust.					
	Was an election ma	de to include income over 8 years as provided for in section 965(m)?					Х
D	Was an election ma	de not to apply a net operating loss deduction as provided in section 965(n)?					Х
Е		ovided for in Regulations section 1.965-2(f)(2) made?					Х

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

908301 12-06-19 Form **965-B**

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Corporate and Real Estate Investment Trust (REIT) Report of Net 965 Tax Liability and Electing REIT Report of 965 Amounts

OMB No. 1545-0123

► Go to www.irs.gov/Form965B for instructions and the latest information.

Che	ck this box i	if this is an amende	d report											
Nam	e of taxpayer		IOLIC C	OMMUNITY FOUNDATION							Identifying number 41-1744184		Taxable year of re 2019	porting
				Amounts Over Time Must F							•		•	
Pa	tl Re	eport of Net 965 Ta	ax Liabi	lity and Election To Pay in	Installment	ts			r					
	(a) Year of Section 965(a) Inclusion or Liability Assumed (see instructions)	(b) Taxpayer's Net Tax With all 965 Amounts (see instruction	S	(c) Taxpayer's Net Tax Liability Without 965 Amounts (see instructions)	Net 965 (subtract	(d) Tax Liability t column (c) olumn (b))	Instal Elec	ade No	(f) Net 965 Tax To Be Paid in F (if column (e) i amount from o	x Liability Full in Year 1 is "No," enter	(g) Net 965 Tax Liability To Be Paid in Installments (if column (e) is "Yes," enter amount from column (d) and see instructions)	Tran Trar Subseqi	(h) 65 Tax Liability sferred (Out), isferred In, or jent Adjustments see instructions)	(i) Tax Identification Number of Buyer/ Transferee or Seller/ Transferor
1	2017							Х						
1 2 3 4 5 6	2018							X						
3	2019		0.	0.				X						
4														
							-							
7														
7														
Pa	tll Re	ecord of Amount o	f Net 96	5 Tax Liability Paid by the	Taxpaver ((see instruction	is)	<u> </u>			I			
	(a) Year of Section 965(a) Inclusion or Liability Assumed (see instructions)			(b) Paid for Year 1		(c) d for Year 2	ear 2		(d) Paid for Year 3		(e) Paid for Year 4		(f) Paid for Year 5	
1		2017												
1 2 3 4 5 6 7		2018												
3		2019												
4														
5														
6														
7														
8		(g) Paid for Year 6	I	(h) Paid for Year 7		F	(i Paid for) Year 8		Ne Remaining	l et 965 Tax Liability y Unpaid (see instructions)	F	(k) Net 965 Tax Liat Paid for the Reportir	bility ng Year
1														
1 2 3														
3														
4 5 6														
5														
6														
7														
8				1										
т.	tala.													

Totals For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 965-B (Rev. 1-2020)

(a)	(b)	(C)	(d)	(e)	(f)
Tax Year of	Amount Elected To Be	Portion Accounted for in			
Section 965(a) Inclusion and	Accounted for Over Time	Year 1	Year 2	Year 3	Year 4
Section 965(c) Deduction					
2017 Section 965(a) Inclusion					
2017 Section 965(c) Deduction					
2018 Section 965(a) Inclusion					
2018 Section 965(c) Deduction					
2019 Section 965(a) Inclusion					
2019 Section 965(c) Deduction					
(g)	(h)	(i)	(j)	(k)	(1)
Portion Accounted for in	Portion Accounted for in	Portion Accounted for in	Portion Accounted for in	Amount Remaining To Be	Portion Accounted for
Year 5	Year 6	Year 7	Year 8	Accounted for	in This Reporting Year
1					
) 1 2 1 2					
				<u> </u>	

Form 965-B (Rev. 1-2020)