

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2610 UNIVERSITY AVENUE WEST 500</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55114</b> <b>F</b> Name and address of principal officer: <b>ANNE CULLEN MILLER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-1744184</b> <b>E</b> Telephone number <b>651-389-0300</b> <b>G</b> Gross receipts \$ <b>147,837,321.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CCF-MN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b>
		<b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT FINANCIALLY THE SPIRITUAL, EDUCATIONAL AND SOCIAL NEEDS OF OUR CATHOLIC COMMUNITY.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>20</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>155,919.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>27,326.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>29,273,096.</b>	<b>58,046,448.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,298,195.</b>	<b>1,493,609.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>41,526,090.</b>	<b>26,912,268.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>12</b>			<b>72,097,381.</b>	<b>86,452,325.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>17,302,695.</b>	<b>18,597,112.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,128,991.</b>	<b>2,416,037.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,705,157.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,381,007.</b>	<b>2,391,264.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,812,693.</b>	<b>23,404,413.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>50,284,688.</b>	<b>63,047,912.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>510,001,439.</b>	<b>507,390,590.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>269,702,371.</b>	<b>263,206,862.</b>
	<b>22</b>		<b>240,299,068.</b>	<b>244,183,728.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ANNE CULLEN MILLER, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY ANDERSON, CPA</b>	Preparer's signature <b>KIMBERLY ANDERSON, C</b>
	Date <b>12/09/22</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00188889</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>
	Firm's address ▶ <b>8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562</b>	Phone no. <b>608-662-8600</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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**Part 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?  Yes  No  
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?  Yes  No  
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 revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 19,020,927. including grants of \$ 18,597,112.) (Revenue \$ 1,493,609.)  
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, ALMOST 1,100 CATHOLIC PARISHES, SCHOOLS  
AND OTHER ORGANIZATIONS BENEFITED FROM NEARLY 3,700 GRANTS FROM THE  
FOUNDATION, TOTALING \$18.6M.

**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** Total program service expenses **▶ 19,020,927.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	18
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

		Yes	No
<b>2a</b>	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		20
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 O.	24	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	24	
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶ ANNE CULLEN MILLER - (651) 389-0300  
2610 UNIVERSITY AVENUE WEST, SUITE 500, ST. PAUL, MN 55114**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE CULLEN MILLER PRESIDENT	40.00			X				306,936.	0.	17,487.
(2) CHRISTOPHER NELSON VP OF DEVELOPMENT & DONOR	40.00			X				183,008.	0.	17,157.
(3) CASEY J SCOTT VP OF FINANCE AND ADMINISTRATION	40.00			X				173,121.	0.	25,735.
(4) MIKE RICCI DIRECTOR - PROFESSIONAL OUTREACH	40.00					X		149,492.	0.	30,608.
(5) MEG PAYNE NELSON VP OF IMPACT	40.00			X				127,534.	0.	23,514.
(6) ARCHBISHOP BERNARD HEBDA CHAIR	1.00			X				0.	0.	0.
(7) THOMAS MCCARR VICE CHAIR	2.00	X		X				0.	0.	0.
(8) KATHY COONEY TREASURER	2.00	X		X				0.	0.	0.
(9) GREG MELSEN SECRETARY	2.00	X		X				0.	0.	0.
(10) MARIE PILLAI DIRECTOR	2.00	X						0.	0.	0.
(11) REVEREND CHARLES LACHOWITZER DIRECTOR	2.00	X						0.	0.	0.
(12) MONIQUE MADDOX DIRECTOR	2.00	X						0.	0.	0.
(13) JULIE GEREND DIRECTOR	2.00	X						0.	0.	0.
(14) STEVE LENTZ DIRECTOR	2.00	X						0.	0.	0.
(15) JJ KIRBY DIRECTOR	2.00	X						0.	0.	0.
(16) MARGARET MURPHY DIRECTOR	2.00	X						0.	0.	0.
(17) JACKIE GIBNEY DIRECTOR	2.00	X						0.	0.	0.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATE WENGER DIRECTOR	2.00	X					0.	0.	0.	
(19) WILLIAM FAULKNER DIRECTOR	2.00	X					0.	0.	0.	
(20) THOMAS MERTENS DIRECTOR	2.00	X					0.	0.	0.	
(21) LARRY MCGOUGH DIRECTOR	2.00	X					0.	0.	0.	
(22) CYNTHIA BAILEY MANNS DIRECTOR	2.00	X					0.	0.	0.	
(23) FRANK FORSBERG DIRECTOR	2.00	X					0.	0.	0.	
(24) EMERY KOENIG DIRECTOR	2.00	X					0.	0.	0.	
(25) ELIZABETH KEYES DIRECTOR	2.00	X					0.	0.	0.	
(26) NANCY UTOFT DIRECTOR	2.00	X					0.	0.	0.	
<b>1b Subtotal</b>							940,091.	0.	114,501.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							940,091.	0.	114,501.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**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	262,935.
U.S. BANK INSTITUTIONAL TRUST & CUSTODY 60 LIVINGSTON AVENUE, ST. PAUL, MN 55107	CUSTODIAL FEES	242,062.
LCG ASSOCIATES, 400 GALLERIA PARKWAY #1800, ATLANTA, GA 30339	INVESTMENT ADVISOR	186,370.
ROTHSCHILD ASSET MANAGEMENT, 1251 AVENUE OF THE AMERICAS 34TH FLOOR, NEW YORK, NY	INVESTMENT MANAGER	171,946.
NUVEEN ASSET MANAGEMENT LLC 25604 NETWORK PLACE, CHICAGO, IL 60673-1256	INVESTMENT MANAGER	152,402.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VII** Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MIKE FELMLEE DIRECTOR	2.00	X					0.	0.	0.	
(28) DOUG MILROY DIRECTOR	2.00	X					0.	0.	0.	
(29) DAVID HEINSCH DIRECTOR	2.00	X					0.	0.	0.	
(30) MARJORIE MATHISON-HANCE DIRECTOR	2.00	X					0.	0.	0.	
(31) JANE WYATT DIRECTOR	2.00	X					0.	0.	0.	
(32) JEFF HAWKINS DIRECTOR	2.00	X					0.	0.	0.	
(33) JULIE K HURLEY DIRECTOR	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	58,046,448.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 15,528,211.				
	<b>h Total.</b> Add lines 1a-1f .....			58,046,448.			
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>					
		541900	1,493,609.	1,493,609.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,493,609.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,478,675.		155,919.	5322756.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	82,818,589.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	61,384,996.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	21,433,593.				
<b>d</b> Net gain or (loss) .....			21,433,593.		21433593.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			86,452,325.	1,493,609.	155,919.	26756349.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,597,112.	18,597,112.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	932,846.	207,279.	327,601.	397,966.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,127,927.	102,326.	411,218.	614,383.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,592.	10,638.	33,496.	47,458.
<b>9</b> Other employee benefits .....	139,269.	10,881.	49,732.	78,656.
<b>10</b> Payroll taxes .....	124,403.	18,203.	43,614.	62,586.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	18,342.	1,779.	6,242.	10,321.
<b>c</b> Accounting .....	49,141.		49,141.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,579,041.		1,579,041.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	50,603.	7,405.	17,741.	25,457.
<b>12</b> Advertising and promotion .....	239,870.			239,870.
<b>13</b> Office expenses .....	77,285.	11,309.	27,095.	38,881.
<b>14</b> Information technology .....	144,441.	21,135.	50,639.	72,667.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	121,392.	17,763.	42,558.	61,071.
<b>17</b> Travel .....	1,857.	272.	651.	934.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,430.	648.	1,553.	2,229.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	33,334.	4,878.	11,686.	16,770.
<b>23</b> Insurance .....				
<b>24</b> 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 O.)				
<b>a DUES &amp; MEMBERSHIPS</b>	41,746.	6,108.	14,636.	21,002.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	29,782.	3,191.	11,685.	14,906.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	23,404,413.	19,020,927.	2,678,329.	1,705,157.
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,317,127.	<b>1</b>	1,746,665.	
	<b>2</b> Savings and temporary cash investments .....	13,046,954.	<b>2</b>	44,996,265.	
	<b>3</b> Pledges and grants receivable, net .....	6,775,507.	<b>3</b>	3,982,185.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	276,955.	<b>9</b>	261,898.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	208,561.			
	<b>b</b> Less: accumulated depreciation .....	137,619.			
	<b>11</b> Investments - publicly traded securities .....	363,974,103.	<b>11</b>	305,736,983.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	119,963,736.	<b>12</b>	146,243,021.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	960,299.	<b>13</b>	967,481.	
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	3,613,816.	<b>15</b>	3,385,150.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	510,001,439.	<b>16</b>	507,390,590.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,255,637.	<b>17</b>	908,203.	
	<b>18</b> Grants payable .....	637,000.	<b>18</b>	665,500.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	196,212,402.	<b>21</b>	186,646,997.	
	<b>22</b> Loans and other 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	71,597,332.	<b>25</b>	74,986,162.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	269,702,371.	<b>26</b>	263,206,862.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	67,549,532.	<b>27</b>	75,975,320.	
	<b>28</b> Net assets with donor restrictions .....	172,749,536.	<b>28</b>	168,208,408.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	240,299,068.	<b>32</b>	244,183,728.	
	<b>33</b> Total liabilities and net assets/fund balances .....	510,001,439.	<b>33</b>	507,390,590.	

Form **990** (2021)

**CATHOLIC COMMUNITY FOUNDATION  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	86,452,325.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,404,413.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	63,047,912.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	240,299,068.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-71,930,924.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	12,767,672.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	244,183,728.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA Employer identification number 41-1744184

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28748536.	23582467.	28282648.	29273096.	58046448.	167933195
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	28748536.	23582467.	28282648.	29273096.	58046448.	167933195
<b>5</b> 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) .....						21023143.
<b>6 Public support.</b> Subtract line 5 from line 4.						146910052

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	28748536.	23582467.	28282648.	29273096.	58046448.	167933195
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4819195.	6137177.	6238682.	4676864.	5478675.	27350593.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					28,313.	28,313.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						195312101
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,134,572.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.22 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	70.35 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....  ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....  ►



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

CATHOLIC COMMUNITY FOUNDATION  
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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  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 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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OF MINNESOTA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Horizontal lines for supplemental information

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Employer identification number

41-1744184

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,404,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,918,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>7,795,824.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>4,431,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>8,550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	42,727 SHARES OF AMERICAN FUNDS NEW PERSPECTIVE FUND _____ _____ _____	\$ <u>2,918,681.</u>	<u>11/26/21</u>
<u>4</u>	89,763 SHARES OF WALGREENS BOOTS ALLIANCE, INC. _____ _____ _____	\$ <u>4,281,864.</u>	<u>11/16/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 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 gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA  
**Employer identification number** 41-1744184

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	354	
2 Aggregate value of contributions to (during year) .....	26,109,246.	
3 Aggregate value of grants from (during year) .....	11,836,452.	
4 Aggregate value at end of year .....	64,040,192.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_

- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	172,939,195.	124,872,493.	121,083,737.	115,445,121.	100,991,070.
<b>b</b> Contributions	10,774,878.	12,186,223.	8,497,596.	5,122,863.	9,378,678.
<b>c</b> Net investment earnings, gains, and losses	-17,995,575.	39,885,239.	-872,410.	4,673,096.	8,396,297.
<b>d</b> Grants or scholarships	4,551,505.	4,004,760.	3,836,430.	4,157,343.	3,320,924.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	161,166,993.	172,939,195.	124,872,493.	121,083,737.	115,445,121.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  4.0500 %
  - b** Permanent endowment  75.0300 %
  - c** Term endowment  20.9200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		208,561.	137,619.	70,942.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>70,942.</b>

**CATHOLIC COMMUNITY FOUNDATION  
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 .....	117,704.	COST
(3) Other		
(A) HEDGE FUNDS AND PRIVATE		
(B) EQUITY INVESTMENTS	121,330,581.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENTS	16,543,673.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INTEREST IN		
(E) TRUST	8,251,063.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>146,243,021.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	71,048,034.
(3) CHARITABLE GIFT ANNUITY AND	
(4) CHARITABLE REMAINDER TRUST	
(5) OBLIGATIONS	3,938,128.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>74,986,162.</b>

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

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,003,827.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-71,930,924.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	25,365,526.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-46,565,398.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	70,569,225.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,579,041.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	14,304,059.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,883,100.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	86,452,325.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	20,119,167.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,119,167.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,579,041.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,706,205.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,285,246.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	23,404,413.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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

**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:

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:

NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS	25,365,526.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RECEIVED FOR BENEFICIAL ENDOWMENTS	13,424,310.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	879,749.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	14,304,059.

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BENEFICIAL ENDOWMENTS 1,706,205.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  
**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Employer identification number  
**41-1744184**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	46,473,582.
EUROPE	0	0	INVESTMENTS	N/A	2,960,644.
<b>3 a</b> Subtotal .....	0	0			49,434,226.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			49,434,226.

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

Schedule F (Form 990) 2021



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

**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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule F (Form 990) 2021

41-1744184 Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  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  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2021

**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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

**Employer identification number  
41-1744184**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES 1007 EAST 14TH STREET MINNEAPOLIS, MN 55404-1314	41-1302487	501(C)(3)	585,843.	0.			SOCIAL JUSTICE ADVOCACY AND ENGAGEMENT TEAM/CRJC COORDINATOR, FOOD/CLOTHING, GENERAL
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21298	13-5563422	501(C)(3)	571,011.	0.			COVID RESPONSE, DISASTER RELIEF, GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF THE HOLY CROSS 1621 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55413	41-0695502	501(C)(3)	559,400.	0.			GENERAL OPERATING
URBAN HOMEWORKS INC. P.O BOX 11276 MINNEAPOLIS, MN 55411	41-1821520	501(C)(3)	500,000.	0.			PROGRAM SUPPORT
FRIENDS OF EAST AFRICA FOUNDATION 2130 SUMMIT AVENUE SAINT PAUL, MN 55105	46-1673385	501(C)(3)	466,392.	0.			CAPITAL IMPROVEMENT, EDUCATION PROGRAMS, PROGRAM SUPPORT
VISITATION MONASTERY ATTN: BUSINESS OFFICE MENDOTA HEIGHTS, MN 55120	41-1651709	501(C)(3)	451,500.	0.			CAPITAL IMPROVEMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **380.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAINT PAUL SEMINARY THE SEMINARIES OF SAINT PAUL ST. PAUL, MN 55105	41-0693969	501(C)(3)	438,000.	0.			CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE
SAINT JOHN VIANNEY SEMINARY THE SEMINARIES OF SAINT PAUL ST. PAUL, MN 55105	41-0943747	501(C)(3)	426,583.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE
AIM HIGHER FOUNDATION 2610 UNIVERSITY AVENUE WEST, SUITE ST. PAUL, MN 55114	46-3935682	501(C)(3)	419,900.	0.			TUITION ASSISTANCE RESERVE FUND SCHOLARSHIPS, GENERAL OPERATING, PROGRAM
CATHOLIC RURAL LIFE UNIVERSITY OF ST. THOMAS, MAIL # 40 ST. PAUL, MN 55105	42-0752630	501(C)(3)	391,250.	0.			CAMPAIGN GIFT, PROGRAM SUPPORT
CHURCH OF OUR LADY OF GRACE 5071 EDEN AVENUE EDINA, MN 55436	41-0705765	501(C)(3)	355,669.	0.			CAMPAIGN GIFT, EDUCATION PROGRAMS, ENDOWMENT GIFT, GENERAL OPERATING, MATCHING GIFT, PROGRAM
CRISTO REY JESUIT HIGH SCHOOL 2924 4TH AVENUE S MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	299,504.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF THE ASCENSION 1723 BRYANT AVENUE N MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	271,500.	0.			GENERAL OPERATING
CATHOLIC SERVICES APPEAL FOUNDATION - PO BOX 6488 - SAINT PAUL, MN 55106	46-4321593	501(C)(3)	245,266.	0.			GENERAL OPERATING
ASCENSION CATHOLIC ACADEMY 1726 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	230,276.	0.			3 CITY CONNECTS COORDINATORS FOR 2021-2022, GENERAL OPERATING, PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 OFFICE OF FOUNDATION RELATIONS SOUTH BEND, IN 46617	35-0868188	501(C)(3)	219,750.	0.			ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT
HOPE ACADEMY INC. 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	200,000.	0.			GENERAL OPERATING
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET - SAINT PAUL, MN 55106	41-0693908	501(C)(3)	198,912.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, RETIRED RELIGIOUS
CRETIN-DERHAM HALL HIGH SCHOOL 550 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-1570394	501(C)(3)	181,050.	0.			CAMPAIGN GIFT, GENERAL OPERATING, SCHOLARSHIP FUND, TUITION ASSISTANCE
FOCUS-FELLOWSHIP OF CATHOLIC UNIV. STUDENTS - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	179,090.	0.			GENERAL OPERATING, MISSIONARY SUPPORT
CHURCH OF ST. JOSEPH 1154 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	179,037.	0.			ENDOWMENT GIFT, GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF THE HOLY NAME OF JESUS 155 COUNTY ROAD 24 WAYZATA, MN 55391	41-0845399	501(C)(3)	167,777.	0.			CEMETERY SUPPORT, GENERAL OPERATING, PROGRAM SUPPORT
SAINT PAUL'S OUTREACH 2520 LEXINGTON AVE S, SUITE 300 MENDOTA HEIGHTS, MN 55120-1287	41-1621192	501(C)(3)	163,150.	0.			CAMPAIGN GIFT, GENERAL OPERATING, MISSIONARY SUPPORT, PROGRAM SUPPORT
CHURCH OF ST. HUBERT 8201 MAIN STREET CHANHASSEN, MN 55317-9647	41-0789368	501(C)(3)	161,400.	0.			PURCHASE OF REAL ESTATE, CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. MICHAEL 611 3RD STREET SOUTH STILLWATER, MN 55082	41-0742511	501(C)(3)	151,680.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENT, EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM
BENILDE-ST. MARGARET'S SCHOOL 2501 HIGHWAY 100 SOUTH ST. LOUIS PARK, MN 55416	41-1240936	501(C)(3)	150,400.	0.			CAMPAIGN GIFT, GENERAL OPERATING, SCHOLARSHIP FUND
CHURCH OF OUR LADY OF PEACE - EDUCATION - 5426 - 12TH AVENUE SOUTH - MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	136,800.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
RISEN CHRIST CATHOLIC SCHOOL 1120 EAST 37TH STREET MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	134,992.	0.			CITY CONNECTS COORDINATOR FOR 2021-2022, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, TUITION
CATHOLIC SCHOOLS CENTER OF EXCELLENCE - CSCOE - 6600 FRANCE AVENUE S SUITE 520 - EDINA, MN 55435	47-3560859	501(C)(3)	132,500.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
MURRAY INSTITUTE UNIVERSITY OF ST. THOMAS, JRC 109 SAINT PAUL, MN 55105	41-0693970	501(C)(3)	128,158.	0.			PROFESSIONAL DEVELOPMENT
TOTINO-GRACE HIGH SCHOOL 1350 GARDENA AVENUE NE FRIDLEY, MN 55432	41-0649228	501(C)(3)	126,840.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
NET MINISTRIES 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1637054	501(C)(3)	126,596.	0.			CAMPAIGN GIFT, GENERAL OPERATING, MISSIONARY SUPPORT
COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL - 335 HURLEY AVENUE EAST - WEST ST. PAUL, MN 55118	45-4804818	501(C)(3)	126,542.	0.			CITY CONNECTS COORDINATOR FOR 2021-2022, REPAIRING AN EXTERIOR WALL, CAMPAIGN GIFT, GENERAL

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELEVANT RADIO 680 BARCLAY BLVD LINCOLNSHIRE, IL 60069	39-2003067	501(C)(3)	125,540.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, MATCHING GIFT, PROGRAM SUPPORT
ST. AGNES SCHOOL 530 LAFOND AVENUE ST. PAUL, MN 55103	41-0694737	501(C)(3)	123,780.	0.			ST. AGNES SCHOOL TUITION ASSISTANCE, GENERAL OPERATING, PROGRAM SUPPORT, TUITION
ST. PASCAL REGIONAL CATHOLIC SCHOOL - 1757 CONWAY STREET - ST. PAUL, MN 55106	41-0704479	501(C)(3)	122,542.	0.			PURCHASING IPADS, CITY CONNECTS COORDINATOR FOR 2021-22, GENERAL OPERATING, TUITION
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE, AQU 100 ST. PAUL, MN 55105	41-0693970	501(C)(3)	121,907.	0.			CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITION
ST. JOHN'S UNIVERSITY PO BOX 7222 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	120,950.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENT, ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT,
NPH USA UPPER MIDWEST REGION 1400 VAN BUREN STREET NE MINNEAPOLIS, MN 55413	65-1229309	501(C)(3)	115,765.	0.			GENERAL OPERATING, MISSIONARY SUPPORT, PROGRAM SUPPORT
CHURCH OF ST. PATRICK 19921 NIGHTINGALE STREET NW OAK GROVE, MN 55011	41-1230136	501(C)(3)	110,200.	0.			GENERAL OPERATING
CHURCH OF ST. ODILIA 3495 VICTORIA STREET NORTH SHOREVIEW, MN 55126	41-0837655	501(C)(3)	109,800.	0.			JUST FAITH REIMBURSEMENT, EDUCATION PROGRAMS, ENDOWMENT GIFT, GENERAL OPERATING, PROG. SUPPORT
CHURCH OF ST. MATTHEW - EDUCATION 490 HALL AVENUE SAINT PAUL, MN 55107	41-0707559	501(C)(3)	107,165.	0.			EDUCATION PROGRAMS, PROGRAM SUPPORT, GENERAL OPERATING

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	41-6045110	501(C)(3)	105,207.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION
OUR LADY OF THE MOUNTAINS CATHOLIC CHURCH - 920 BIG THOMPSON AVE. - ESTES PARK, CO 80517	84-0892448	501(C)(3)	102,000.	0.			CAMPAIGN GIFT, GENERAL OPERATING
AUGUSTINE INSTITUTE 6160 S. SYRACUSE WAY #310 GREENWOOD VILLAGE, CO 80111	20-2349108	501(C)(3)	101,510.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
MARY'S HANDS 7745 7TH STREET OAKDALE, MN 55128	85-1118381	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
NPH USA-FRIENDS OF THE ORPHANS 134 NORTH LA SALLE STREET SUITE 5 CHICAGO, IL 60602	65-1229309	501(C)(3)	96,532.	0.			GENERAL OPERATING, MATCHING GIFT, PROGRAM SUPPORT
BLESSED TRINITY CATHOLIC SCHOOL 6720 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-1787370	501(C)(3)	91,492.	0.			CITY CONNECTS COORDINATOR FOR 2021-2022, GENERAL OPERATING, TUITION ASSISTANCE
ST. CROIX CATHOLIC SCHOOL 621 THIRD STREET SOUTH STILLWATER, MN 55082	41-1731931	501(C)(3)	90,950.	0.			MARKETING THE PREK AS "ST CROIX CATHOLIC", GENERAL OPERATING, TUITION ASSISTANCE
ST. PETER CLAVER SCHOOL 1060 WEST CENTRAL AVENUE ST. PAUL, MN 55104	41-0824943	501(C)(3)	82,400.	0.			GENERAL OPERATING, TUITION ASSISTANCE
UNIVERSITY OF MINNESOTA FOUNDATION MCNAMARA ALUMNI CENTER MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	81,500.	0.			EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT, RESTRICTED PROGRAMS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 835 2ND AVENUE NW NEW BRIGHTON, MN 55112	41-0732798	501(C)(3)	78,810.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE
COLLEGE OF SAINT BENEDICT 37 SOUTH COLLEGE AVENUE ST. JOSEPH, MN 56374	41-0969244	501(C)(3)	75,250.	0.			CAMPAIGN GIFT, GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND
CHILDREN'S MINNESOTA FOUNDATION MAIL STOP CBC-3-FOUN EDINA, MN 55436	41-1814223	501(C)(3)	75,000.	0.			GENERAL OPERATING, RESTRICTED PROGRAMS
ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12 ST. PAUL, MN 55105	41-0695509	501(C)(3)	71,025.	0.			SUPPORT FOR 4 PARTICIPANTS: INITIATIVE FOR CONTEMPLATIVE DISCIPLESHIP, CAMPAIGN
CHESTERTON ACADEMY 1320 MAINSTREET HOPKINS, MN 55343	38-3773629	501(C)(3)	67,125.	0.			GENERAL OPERATING, TUITION ASSISTANCE
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NW, 7TH FL WASHINGTON, DC 20001	27-3521132	501(C)(3)	66,850.	0.			DISASTER RELIEF
CHURCH OF ST. ROSE OF LIMA 2048 HAMLINE AVENUE N ROSEVILLE, MN 55113	41-0790158	501(C)(3)	66,000.	0.			GENERAL OPERATING, TUITION ASSISTANCE
NATIVITY OF OUR LORD CATHOLIC CHURCH - 1900 WELLESLEY AVENUE - ST. PAUL, MN 55105	41-0693956	501(C)(3)	64,500.	0.			ENDOWMENT GIFT, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT, TUITION ASSIST.
RAZOM FOR UKRAINE 140 2ND AVENUE SUITE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	63,000.	0.			DISASTER RELIEF, GENERAL OPERATING

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ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6 INTERLACHEN ROAD - HOPKINS, MN 55343	41-0729969	501(C)(3)	61,800.	0.			CAPITAL IMPROVEMENT, EDUCATION PROGRAMS, GENERAL OPERATING
ST. THOMAS AQUINAS CATHOLIC SCHOOL 810 - 5TH STREET INTERNATIONAL FALLS, MN 56649	41-0799786	501(C)(3)	59,200.	0.			PROGRAM SUPPORT
CHURCH OF ST. JOSEPH 13900 BISCAYNE AVENUE WEST ROSEMOUNT, MN 55068	41-0727039	501(C)(3)	58,200.	0.			GENERAL OPERATING
ST. BARTHOLOMEW CATHOLIC FAITH COMMUNITY - 630 WAYZATA BOULEVARD EAST - WAYZATA, MN 55391	41-0711478	501(C)(3)	57,670.	0.			GENERAL OPERATING
CHURCH OF ST. JOHN THE BAPTIST 680 MILL STREET EXCELSIOR, MN 55331	41-0721661	501(C)(3)	57,500.	0.			GENERAL OPERATING, TUITION ASSISTANCE
JESUIT REFUGEE SERVICES USA 1627 K STREET NW SUITE 1100 WASHINGTON, DC 20006	52-1355257	501(C)(3)	56,850.	0.			DISASTER RELIEF
CHURCH OF ST. THOMAS MORE 1079 SUMMIT AVENUE ST. PAUL, MN 55105	41-0694738	501(C)(3)	56,700.	0.			DISCERNING DEACONS FOR JAN 15 EVENT, CAMPAIGN GIFT, GENERAL OPERATING
COMMUNITY OF CHRIST THE REDEEMER 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1511840	501(C)(3)	56,254.	0.			GENERAL OPERATING
SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	55,003.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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ST. JOHN THE EVANGELIST CHURCH 4230 ST. JOHNS AVENUE DULUTH, MN 55803	41-0854765	501(C)(3)	54,600.	0.			TUITION ASSISTANCE
BASILICA OF SAINT MARY 88 NORTH 17TH STREET MINNEAPOLIS, MN 55403	41-0695501	501(C)(3)	54,501.	0.			ANGELS UNAWARES SCULPTURE PROGRAMMING, GENERAL OPERATING, PROGRAM SUPPORT
JEREMIAH PROGRAM 615 FIRST AVENUE NORTHEAST SUITE MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	52,765.	0.			GENERAL OPERATING, MATCHING GIFT, TUITION ASSISTANCE
ST. OLAF CATHOLIC CHURCH 215 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-0754589	501(C)(3)	52,400.	0.			GENERAL OPERATING, PROGRAM SUPPORT
DIVINE WORD MISSIONARIES MISSION CENTER TECHNY, IL 60082	36-2379644	501(C)(3)	52,000.	0.			GENERAL OPERATING, GENERAL OPERATING
ST. JEROME SCHOOL 384 ROSELAWN AVENUE EAST MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	51,820.	0.			HIRING A PART-TIME DATABASE MANAGER, GENERAL OPERATING, TUITION ASSISTANCE
THE INSTITUTE FOR PRIESTLY FORMATION - CREIGHTON UNIVERSITY - OMAHA, NE 68178	52-1907182	501(C)(3)	51,500.	0.			GENERAL OPERATING
INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SAN DIEGO, CA 92120-4321	33-0412751	501(C)(3)	51,200.	0.			DISASTER RELIEF, GENERAL OPERATING
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	41-1260469	501(C)(3)	51,064.	0.			GENERAL OPERATING

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URBAN VENTURES 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	50,360.	0.			GENERAL OPERATING
LUPUS RESEARCH ALLIANCE 270 MADISON AVENUE, SUITE 300 NEW YORK, NY 10016	58-2492929	501(C)(3)	50,000.	0.			RESTRICTED PROGRAMS
ABRIA PREGNANCY RESOURCES 2200 UNIVERSITY AVE.W. SUITE 160 ST. PAUL, MN 55114	41-1278207	501(C)(3)	49,600.	0.			GENERAL OPERATING, PROGRAM SUPPORT
PRO ECCLESIA SANCTA - SACRED HEART OF JESUS CONVENT - 8650 RUSSELL AVE SOUTH - BLOOMINGTON, MN 55431	61-1880672	501(C)(3)	49,275.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT
CENTER FOR MISSION 777 FOREST STREET SAINT PAUL, MN 55106	41-0705806	501(C)(3)	49,100.	0.			GENERAL OPERATING, PROGRAM SUPPORT
DIVINE MERCY CATHOLIC SCHOOL OF FARIBAULT - 15 SW 3RD AVENUE - FARIBAULT, MN 55021	41-0954118	501(C)(3)	48,500.	0.			CAMPAIGN GIFT, GENERAL OPERATING, TUITION ASSISTANCE
SAINT AMBROSE CATHOLIC COMMUNITY 4125 WOODBURY DRIVE WOODBURY, MN 55129	41-1905541	501(C)(3)	47,400.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT, TUITION ASSISTANCE
HILL-MURRAY SCHOOL 2625 LARPENTEUR AVENUE EAST MAPLEWOOD, MN 55109	41-0829754	501(C)(3)	47,070.	0.			GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	47,000.	0.			DISASTER RELIEF, GENERAL OPERATING

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ST. JOHN PAUL II CATHOLIC PREPARATORY SCHOOL - 1630 NE 4TH STREET - MINNEAPOLIS, MN 55413	41-0953697	501(C)(3)	47,000.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	46,450.	0.			GENERAL OPERATING, MATCHING GIFT, PROGRAM SUPPORT
CHURCH OF THE ASSUMPTION 51 WEST SEVENTH STREET ST. PAUL, MN 55102	41-0694736	501(C)(3)	46,160.	0.			GENERAL OPERATING, PROGRAM SUPPORT, RETIRED RELIGIOUS
CHURCH OF ST. MARY OF BIRD ISLAND PO BOX 500 BIRD ISLAND, MN 55310	41-0773789	501(C)(3)	45,700.	0.			CEMETERY SUPPORT, GENERAL OPERATING
SAINT PAUL CHAMBER ORCHESTRA SOCIETY - THIRD FLOOR, THE HISTORIC HAMM BUILDING - SAINT PAUL, MN 55102	41-0829498	501(C)(3)	43,950.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. PASCAL BAYLON 1757 CONWAY STREET ST. PAUL, MN 55106	41-0704479	501(C)(3)	43,550.	0.			GENERAL OPERATING
CHURCH OF ST. PATRICK 1095 DESOTO STREET ST. PAUL, MN 55130	41-0693967	501(C)(3)	42,400.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
CHURCH OF ST. WENCESLAUS 215 MAIN STREET EAST NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	42,300.	0.			GENERAL OPERATING
UNIVERSITY OF SAINT MARY OF THE LAKE - 1000 EAST MAPLE AVE. - MUNDELEIN, IL 60060	36-2171077	501(C)(3)	41,552.	0.			GENERAL OPERATING

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CHURCH OF THE ANNUNCIATION 509 WEST 54TH STREET MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	41,100.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, RETIRED RELIGIOUS, TUITION
MINNESOTA ORCHESTRAL ASSOCIATION 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	41,100.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
IMMACULATE CONCEPTION SCHOOL 4030 JACKSON STREET NE COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	40,675.	0.			UPGRADING WI-FI IN THE BUILDING, GENERAL OPERATING, TUITION ASSISTANCE
PAGE EDUCATION FOUNDATION 901 N 3RD STREET, SUITE 355 MINNEAPOLIS, MN 55401	36-3605013	501(C)(3)	40,500.	0.			GENERAL OPERATING
COMMON HOPE 1410 ENERGY PARK DRIVE SUITE 4 SAINT PAUL, MN 55105	41-1560297	501(C)(3)	39,990.	0.			GENERAL OPERATING
CHURCH OF THE HOLY SPIRIT 515 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705768	501(C)(3)	39,700.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF ST. MARK 2001 DAYTON AVENUE ST. PAUL, MN 55104	41-0694739	501(C)(3)	39,650.	0.			CAMPAIGN GIFT, GENERAL OPERATING, TUITION ASSISTANCE
DIOCESE OF NEW ULM 1421 6TH STREET NORTH NEW ULM, MN 56073	41-0807570	501(C)(3)	37,180.	0.			CAMPAIGN GIFT, EDUCATION PROGRAMS, GENERAL OPERATING, MATCHING GIFT, RETIRED RELIGIOUS,
ST. HELENA SCHOOL 3200 E. 44TH STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	36,000.	0.			A KEYLESS ENTRY SYSTEM, GENERAL OPERATING, TUITION ASSISTANCE

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ST. ALPHONSUS SCHOOL 7031 HALIFAX AVENUE NORTH BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	36,000.	0.			UPDATING THE SCHOOL WEBSITE, GENERAL OPERATING
MARQUETTE UNIVERSITY - ADVANCEMENT 1250 W. WISCONSIN AVENUE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	35,655.	0.			TUITION ASSISTANCE
LORAS COLLEGE DEVELOPMENT OFFICE DUBUQUE, IA 52001	42-0680412	501(C)(3)	35,655.	0.			TUITION ASSISTANCE
NOTRE DAME ACADEMY 13505 EXCELSIOR BLVD MINNETONKA, MN 55345	46-1333219	501(C)(3)	35,455.	0.			GENERAL OPERATING, TUITION ASSISTANCE
PRO ECCLESIA SANCTA C/O CHURCH OF ST. MARK SAINT PAUL, MN 55104	61-1880672	501(C)(3)	35,275.	0.			CAMPAIGN GIFT, GENERAL OPERATING
ALL SAINTS CATHOLIC CHURCH 19795 HOLYOKE AVE LAKEVILLE, MN 55044	41-0705872	501(C)(3)	35,235.	0.			ENDOWMENT GIFT, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
GUIDING STAR WAKOTA 1140 SOUTH ROBERT WEST ST. PAUL, MN 55118	41-1279340	501(C)(3)	35,015.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING
DIOCESE OF CROOKSTON, MN 1200 MEMORIAL DRIVE CROOKSTON, MN 56716	41-1766138	501(C)(3)	34,530.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENT, GENERAL OPERATING, RETIRED RELIGIOUS
VISITATION SCHOOL 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	34,255.	0.			GENERAL OPERATING, TUITION ASSISTANCE

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MAYO CLINIC FOUNDATION DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-6011702	501(C)(3)	34,250.	0.			PROGRAM SUPPORT, RESTRICTED PROGRAMS
CHURCH OF ST. STEPHEN 2211 CLINTON AVENUE S MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	32,343.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. PETER 1250 SOUTH SHORE DRIVE FOREST LAKE, MN 55025	41-0799304	501(C)(3)	30,800.	0.			EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT
MINNEAPOLIS INSTITUTE OF ART MEMBERSHIP DEPARTMENT MINNEAPOLIS, MN 55404	41-0693915	501(C)(3)	30,800.	0.			GENERAL OPERATING
OUR LADY OF PEACE HOME 2076 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-1306947	501(C)(3)	30,794.	0.			CAMPAIGN GIFT, GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. JOSEPH 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	30,250.	0.			GENERAL OPERATING, TUITION ASSISTANCE
ST. RAPHAEL SCHOOL 7301 BASS LAKE ROAD CRYSTAL, MN 55428	41-0729961	501(C)(3)	30,000.	0.			GENERAL OPERATING, TUITION ASSISTANCE
UNIVERSITY OF ST. THOMAS SCHOOL OF LAW - MSL-411 - MINNEAPOLIS, MN 55403	41-0693970	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
DIVINE MERCY CATHOLIC CHURCH 139 MERCY DRIVE FARIBAULT, MN 55021-6029	81-0572840	501(C)(3)	29,880.	0.			CAMPAIGN GIFT, GENERAL OPERATING

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DIOCESE OF DULUTH, MN 2830 EAST 4TH STREET DULUTH, MN 55812	41-1941181	501(C)(3)	29,880.	0.			EDUCATION OF SEMINARIANS WHO INTEND TO SERVE IN THE DIOCESE OF DULUTH, ENDOWMENT GIFT, RETIRED
SAINT JOHN SCHOOL OF LITTLE CANADA 2621 MCMENEMY ROAD LITTLE CANADA, MN 55117	41-0781158	501(C)(3)	29,700.	0.			A CONSULTANT TO ASSIST WITH EVENTS (#SOAREAGLESSOAR), TUITION ASSISTANCE
DELASALLE HIGH SCHOOL 1 DELASALLE DRIVE MINNEAPOLIS, MN 55401	41-0705834	501(C)(3)	29,514.	0.			GENERAL OPERATING, SCHOLARSHIP FUND, TUITION ASSISTANCE
NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI-MN) - 1919 UNIVERSITY AVE W SUITE 400 - SAINT PAUL, MN 55104	41-1317030	501(C)(3)	29,451.	0.			GENERAL OPERATING
ELEVATE LIFE 2626 EAST 82ND STREET SUITE 210 BLOOMINGTON, MN 55425	23-7401466	501(C)(3)	29,415.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. MARY OF THE LAKE 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	29,000.	0.			CAMPAIGN GIFT, CAPITAL IMPROVEMENT, CEMETERY SUPPORT, GENERAL OPERATING
CHURCH OF ST. ANASTASIA 460 LAKE STREET SW HUTCHINSON, MN 55350-2349	41-0789375	501(C)(3)	28,000.	0.			CEMETERY SUPPORT, GENERAL OPERATING
CHURCH OF THE HOLY TRINITY 749 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	26,500.	0.			GENERAL OPERATING
CHURCH OF ST. LOUIS, KING OF FRANCE - 506 CEDAR STREET - ST. PAUL, MN 55101	41-0782864	501(C)(3)	26,200.	0.			GENERAL OPERATING

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GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	26,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
ACADEMY OF HOLY ANGELS 6600 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-0696903	501(C)(3)	25,904.	0.			GENERAL OPERATING, TUITION ASSISTANCE
PROVIDENCE ACADEMY 15100 SCHMIDT LAKE ROAD PLYMOUTH, MN 55446	41-1883866	501(C)(3)	25,650.	0.			GENERAL OPERATING, TUITION ASSISTANCE
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	25,215.	0.			DISASTER RELIEF, GENERAL OPERATING
MOTO HOPE MISSION P.O. BOX 1484 WALKER, MN 56484	45-2482812	501(C)(3)	25,000.	0.			GENERAL OPERATING
SCHOLA FOUNDATION LOYOLA CATHOLIC SCHOOLS MANKATO, MN 56001	51-0144999	501(C)(3)	25,000.	0.			CAMPAIGN GIFT
CHURCH OF ST. JOHN THE BAPTIST 4625 WEST 125TH STREET SAVAGE, MN 55378	41-0791350	501(C)(3)	24,400.	0.			GENERAL OPERATING, TUITION ASSISTANCE
PRESENTATION OF THE BLESSED VIRGIN MARY SCHOOL - 1695 KENNARD ST. - MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	24,250.	0.			A BOTTLE FILLING STATION, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
FOCOLARE MOVEMENT MEN'S BRANCH 5548 BEACON STREET PITTSBURGH, PA 15217	27-0944965	501(C)(3)	24,000.	0.			GENERAL OPERATING

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CHURCH OF SS. PETER AND PAUL 145 RAILWAY STREET LORETTO, MN 55357	41-0734731	501(C)(3)	23,100.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
MATERNITY OF MARY/ST. ANDREW SCHOOL - 592 ARLINGTON AVENUE WEST - ST. PAUL, MN 55117	41-1654467	501(C)(3)	23,000.	0.			HIRING A GRAPHIC DESIGNER, GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF ST. TIMOTHY 707 89TH AVENUE NE BLAINE, MN 55434-2399	41-0764081	501(C)(3)	22,760.	0.			GENERAL OPERATING, RETIRED RELIGIOUS, TUITION ASSISTANCE
BEACON INTERFAITH HOUSING 2610 UNIVERSITY AVE WEST #100 SAINT PAUL, MN 55114	41-1953599	501(C)(3)	22,500.	0.			CAMPAIGN GIFT, GENERAL OPERATING
ST. JOHN THE BAPTIST SCHOOL 12508 LYNN AVENUE SOUTH SAVAGE, MN 55378-1450	41-0791350	501(C)(3)	22,000.	0.			ENDOWMENT GIFT, SCHOLARSHIP FUND, TUITION ASSISTANCE
CATHEDRAL SCHOOL 1419 BAXTER AVENUE SUPERIOR, WI 54880	39-0808459	501(C)(3)	21,900.	0.			TUITION ASSISTANCE
SISTERS OF ST. JOSEPH OF CARONDELET MINISTRIES FOUNDATION - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-1765361	501(C)(3)	21,795.	0.			GENERAL OPERATING, PROGRAM SUPPORT
THE LABOURE SOCIETY 1365 CORPORATE CENTER CURVE SUITE EAGAN, MN 55121	41-2001751	501(C)(3)	21,735.	0.			GENERAL OPERATING, PROGRAM SUPPORT
THE WAY OF THE SHEPHERD CATHOLIC MONTESSORI - 13200 CENTRAL AVE NORTHEAST - BLAINE, MN 55434	41-1916137	501(C)(3)	21,500.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, 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 noncash 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 511 4TH STREET NO. LE SUEUR, MN 56058	41-0724077	501(C)(3)	21,500.	0.			A NEW PLAYGROUND, CAPITAL IMPROVEMENT, GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF THE PRESENTATION/BLESSED VIRGIN MARY - 1725 KENNARD STREET - MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	20,700.	0.			GENERAL OPERATING
ST. MAXIMILIAN KOLBE CATHOLIC SCHOOL - 235 SOUTH 2ND STREET - DELANO, MN 55328	41-0726145	501(C)(3)	20,500.	0.			MIDDLE SCHOOL EXPANSION, TUITION ASSISTANCE
CATHOLIC ANSWERS P.O. BOX 199000 SAN DIEGO, CA 92159	95-3754404	501(C)(3)	20,410.	0.			GENERAL OPERATING
HOPE FOR UGANDA - SACRED HEART SEMINARY - PO BOX 1863 - MINNETONKA, MN 55345	41-1732849	501(C)(3)	20,366.	0.			GENERAL OPERATING
FRIENDS OF SAN LUCAS 3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122	46-1321032	501(C)(3)	20,300.	0.			CAPITAL IMPROVEMENT, EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT
MINNESOTA ADULT & TEEN CHALLENGE, INC. - DONOR ACCOUNTS COORDINATOR - MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	20,200.	0.			GENERAL OPERATING
PROLIFE ACROSS AMERICA P.O. BOX 18669 MINNEAPOLIS, MN 55418	41-1654040	501(C)(3)	20,060.	0.			GENERAL OPERATING
CROSS CATHOLIC OUTREACH P.O. BOX 97168 WASHINGTON, DC 20090-7168	65-1156061	501(C)(3)	20,050.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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OUR LADY OF EPIPHANY FOUNDATION 1900 111TH AVENUE NORTHWEST COON RAPIDS, MN 55433	81-3829118	501(C)(3)	20,000.	0.			GENERAL OPERATING
SISTERS OF ST. FRANCIS OF OLDENBURG - P.O. BOX 100 - OLDENBURG, IN 47036	35-0868953	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
COLLEGE OF THE HOLY CROSS ONE COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND
CATHEDRAL HERITAGE FOUNDATION P.O. BOX 40027 SAINT PAUL, MN 55104	26-0275248	501(C)(3)	20,000.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING
CHURCH OF THE NATIVITY OF MARY 9900 LYNDALE AVENUE S BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	20,000.	0.			GENERAL OPERATING
AUGUSTANA UNIVERSITY OFFICE OF ADVANCEMENT SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	20,000.	0.			CAMPAIGN GIFT, PROGRAM SUPPORT
PACELLI CATHOLIC SCHOOL 311 - 4TH STREET NW AUSTIN, MN 55912-3195	20-4023381	501(C)(3)	19,751.	0.			GENERAL OPERATING
UNION GOSPEL MISSION 376 WESTERN AVE N SAINT PAUL, MN 55103	41-0705847	501(C)(3)	19,648.	0.			FOOD/CLOTHING, GENERAL OPERATING, PROGRAM SUPPORT
ST. DOMINIC SCHOOL 216 NORTH SPRING STREET NORTHFIELD, MN 55057	41-0711501	501(C)(3)	19,100.	0.			SIGNAGE OUTSIDE THE SCHOOL, GENERAL OPERATING, TUITION ASSISTANCE

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MOST HOLY REDEEMER SCHOOL 205 VINE AVENUE WEST MONTGOMERY, MN 56069	41-0747173	501(C)(3)	19,000.	0.			LANDSCAPING PROJECT, TUITION ASSISTANCE
CROSSINGS COMMUNITY CHURCH 14600 NORTH PORTLAND AVENUE OKLAHOMA CITY, OK 73134	73-6082499	501(C)(3)	19,000.	0.			CAMPAIGN GIFT, GENERAL OPERATING
PAX CHRISTI CATHOLIC COMMUNITY 12100 PIONEER TRAIL EDEN PRAIRIE, MN 55347	41-1223312	501(C)(3)	18,800.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
ANNUNCIATION CATHOLIC SCHOOL 509 WEST 54TH STREET MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	18,800.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF THE TRANSFIGURATION 6133 15TH STREET NORTH OAKDALE, MN 55128	41-0797343	501(C)(3)	18,175.	0.			CAMPAIGN GIFT, GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF ST. HELENA 3204 EAST 43RD STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	18,100.	0.			CAPITAL IMPROVEMENT
IMMACULATE HEART CHURCH PO BOX 155 CROSSLAKE, MN 56442	41-0905312	501(C)(3)	18,050.	0.			GENERAL OPERATING
CHURCH OF THE ASSUMPTION 305 E 77TH STREET RICHFIELD, MN 55423	41-0734772	501(C)(3)	17,100.	0.			CEMETERY SUPPORT, GENERAL OPERATING
HANDMAIDS OF THE HEART OF JESUS 515 NORTH STATE STREET NEW ULM, MN 56073	27-3993862	501(C)(3)	17,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 55403	41-0693856	501(C)(3)	17,000.	0.			GENERAL OPERATING
LITTLE SISTERS OF THE POOR 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102	41-0764112	501(C)(3)	16,928.	0.			ENDOWMENT GIFT, GENERAL OPERATING
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BOULEVARD - MINNETONKA, MN 55345	41-0718324	501(C)(3)	16,700.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,500.	0.			GENERAL OPERATING
PRO-LIFE ACTION MINISTRIES 1163 PAYNE AVENUE SAINT PAUL, MN 55130	41-1517055	501(C)(3)	16,400.	0.			GENERAL OPERATING
SCHWAB FUND FOR CHARITABLE GIVING 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	16,317.	0.			PROGRAM SUPPORT
LUMEN CHRISTI CATHOLIC COMMUNITY 2055 BOHLAND AVENUE ST. PAUL, MN 55116	04-3802322	501(C)(3)	16,310.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
YOUTH WITH A MISSION SAN DIEGO/BAJA - P.O. BOX 5417 - CHULA VISTA, CA 91912	33-0604992	501(C)(3)	16,285.	0.			GENERAL OPERATING, PROGRAM SUPPORT
ST. JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	16,200.	0.			ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE

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CHURCH OF ST. MARY 261 E 8TH STREET ST. PAUL, MN 55101	41-0744076	501(C)(3)	16,000.	0.			CAMPAIGN GIFT, GENERAL OPERATING, PROGRAM SUPPORT
FOCOLARE MOVEMENT FORMATION FUND 9007 1ST AVE SILVER SPRINGS, MD 20910	27-0944965	501(C)(3)	15,996.	0.			PROGRAM SUPPORT
CHURCH OF ST. BRIDGET OF SWEDEN PO BOX 754 LINDSTROM, MN 55045	41-0773801	501(C)(3)	15,825.	0.			GENERAL OPERATING, PROGRAM SUPPORT, RETIRED RELIGIOUS, SCHOLARSHIP FUND
THE MINNESOTA OPERA 620 NORTH FIRST STREET MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	15,000.	0.			GENERAL OPERATING
CHURCH OF ST. DOMINIC 216 SPRING STREET N NORTHFIELD, MN 55057	41-0711501	501(C)(3)	15,000.	0.			GENERAL OPERATING
NORTHERN STAR SCOUTING 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111	20-3000282	501(C)(3)	15,000.	0.			GENERAL OPERATING
CHURCH OF ST. CECILIA 2357 BAYLESS PLACE ST. PAUL, MN 55114	41-0829141	501(C)(3)	14,900.	0.			CAPITAL IMPROVEMENT, PROGRAM SUPPORT
HOLY FAMILY ADOPTION AGENCY ST. RAPHAELS PARISH CRYSTAL, MN 55428-0000	41-1968883	501(C)(3)	14,325.	0.			GENERAL OPERATING
CHURCH OF ST. CHARLES BORROMEO 2739 STINSON BOULEVARD ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	14,300.	0.			GENERAL OPERATING

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CHURCH OF THE GUARDIAN ANGELS 260 4TH STREET NORTH OAKDALE, MN 55128	41-0807574	501(C)(3)	14,100.	0.			CEMETERY SUPPORT, GENERAL OPERATING
CHURCH OF ST. MICHAEL 22120 DENMARK AVENUE FARMINGTON, MN 55024	41-0777907	501(C)(3)	14,100.	0.			CEMETERY SUPPORT, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
CATHOLIC NEAR EAST WELFARE ASSOCIATION - 1011 FIRST AVENUE - NEW YORK, NY 10022	13-1623929	501(C)(3)	13,800.	0.			DISASTER RELIEF, GENERAL OPERATING, PROGRAM SUPPORT
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-0693924	501(C)(3)	13,700.	0.			GENERAL OPERATING, PROGRAM SUPPORT
BENEDICTINE COLLEGE OFFICE OF ADVANCEMENT 1020 NORTH SE ATCHISON, KS 66002	48-0777079	501(C)(3)	13,700.	0.			GENERAL OPERATING, MISSIONARY SUPPORT
CHURCH OF ST. PATRICK 6820 ST. PATRICK'S LANE EDINA, MN 55439	41-0856353	501(C)(3)	13,587.	0.			GENERAL OPERATING, PROGRAM SUPPORT
MARY, QUEEN OF PEACE SCHOOL 21201 CHURCH AVENUE ROGERS, MN 55374	41-0737230	501(C)(3)	13,500.	0.			TECHNOLOGY SUPPORT, TUITION ASSISTANCE
HOLY FAMILY ACADEMY 5925 WEST LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	13,500.	0.			TUITION ASSISTANCE
CHURCH OF ST. ANNE 200 HAMEL ROAD HAMEL, MN 55340	41-0877635	501(C)(3)	13,400.	0.			GENERAL OPERATING

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ST. THOMAS MORE CATHOLIC SCHOOL 1065 SUMMIT AVENUE ST. PAUL, MN 55105	41-1691889	501(C)(3)	13,300.	0.			GENERAL OPERATING, TUITION ASSISTANCE
MINNESOTA PUBLIC RADIO KLING PUBLIC MEDIA CENTER ST. PAUL, MN 55101	41-0953924	501(C)(3)	13,300.	0.			GENERAL OPERATING
HABITAT FOR HUMANITY TWIN CITIES 1954 UNIVERSITY AVE W SAINT PAUL, MN 55104	36-3363171	501(C)(3)	13,256.	0.			GENERAL OPERATING, PROGRAM SUPPORT
SAINT JOHN'S ABBEY PO BOX 2015 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	13,250.	0.			GENERAL OPERATING
CHURCH OF ST. BERNARD 1160 WOODBRIDGE STREET ST. PAUL, MN 55117	41-0757844	501(C)(3)	13,100.	0.			GENERAL OPERATING, TUITION ASSISTANCE
ONE WORLD SURGERY 510 LAKE COOK ROAD SUITE 400 DEERFIELD, IL 60015	47-5128573	501(C)(3)	13,000.	0.			GENERAL OPERATING, MISSIONARY SUPPORT
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	13,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF THE IMMACULATE CONCEPTION - 4030 JACKSON STREET NE - COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	12,800.	0.			GENERAL OPERATING
FRANCISCAN RETREATS 16385 ST. FRANCIS LANE PRIOR LAKE, MN 55372	41-0907232	501(C)(3)	12,650.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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TPT TWIN CITIES PBS 172 EAST 4TH STREET ST. PAUL, MN 55101	41-0769851	501(C)(3)	12,550.	0.			GENERAL OPERATING
JESUIT RETREAT HOUSE - DEMONTREVILLE - 8243 N. DEMONTREVILLE TRAIL - LAKE ELMO, MN 55042	41-0705789	501(C)(3)	12,510.	0.			GENERAL OPERATING
SURVIVORS NETWORK OF THOSE ABUSED BY PRIESTS (SNAP) - PO BOX 56539 - SAINT LOUIS, MO 63156	36-4154398	501(C)(3)	12,500.	0.			GENERAL OPERATING
SALVATION ARMY NORTHERN DIVISION 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 55113	36-3805307	501(C)(3)	12,400.	0.			GENERAL OPERATING, PROGRAM SUPPORT
OPTIONS FOR WOMEN ST. CROIX VALLEY P.O. BOX 158 STILLWATER, MN 55082	41-1593503	501(C)(3)	12,200.	0.			CAMPAIGN GIFT, GENERAL OPERATING
OUR LADY OF THE LAKE SCHOOL 2411 COMMERCE BLVD. MOUND, MN 55364	41-0718339	501(C)(3)	12,000.	0.			UPDATING THE MIDDLE SCHOOL CULTURE VIDEO, TUITION ASSISTANCE
HAVEN HOUSING (ASCENSION PLACE / ST. ANNE'S PLACE) - 1803 BRYANT AVENUE NORTH - MINNEAPOLIS, MN 55411	41-1396238	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
NATIVITY OF MARY SCHOOL 9901 E. BLOOMINGTON FRWY. BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	12,000.	0.			TUITION ASSISTANCE
ST. JOSEPH OF THE LAKES 171 ELM STREET LINO LAKES, MN 55014	41-0875376	501(C)(3)	11,950.	0.			GENERAL OPERATING

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CENTER OF THE AMERICAN EXPERIMENT 8421 WAYZATA BOULEVARD SUITE 110 GOLDEN VALLEY, MN 55426	36-3611426	501(C)(3)	11,800.	0.			GENERAL OPERATING
FRIENDS OF THE FOLDS OF HONOR FOUNDATION - 24 FIRTH ROAD - INVERNESS, IL 60067	45-5382465	501(C)(3)	11,667.	0.			GENERAL OPERATING
GUEST HOUSE, MI 1601 JOSLYN ROAD LAKE ORION, MI 48360	38-1557146	501(C)(3)	11,534.	0.			GENERAL OPERATING
CHURCH OF THE INCARNATION 3817 PLEASANT AVENUE S MINNEAPOLIS, MN 55409-1228	41-0760816	501(C)(3)	11,400.	0.			GENERAL OPERATING
MISSIONARY SISTERS OF ST. PETER CLAVER - 265 CENTURY AVENUE - WOODBURY, MN 55125-1199	41-0718378	501(C)(3)	11,355.	0.			GENERAL OPERATING
CHURCH OF THE HOLY NAME 3637 11TH AVENUE S MINNEAPOLIS, MN 55407	41-0831056	501(C)(3)	11,200.	0.			GENERAL OPERATING
ST. THERESE FOUNDATION 1660 SOUTH HWY 100, SUITE #103 ST. LOUIS PARK, MN 55416	41-1704381	501(C)(3)	11,100.	0.			GENERAL OPERATING
FRANCISCAN FOUNDATION FOR THE HOLY LAND - P.O. BOX 29086 - WASHINGTON, DC 20017	33-0628775	501(C)(3)	11,100.	0.			GENERAL OPERATING
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET - SAINT PAUL, MN 55106	41-0693908	501(C)(3)	11,011.	0.			ARCHDIOCESAN LIFE FUND GENERAL OPERATING

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SECULAR INSTITUTE OF SCHOENSTATT SISTERS OF MARY - W284 N404 CHERRY LANE - WAUKESHA, WI 53188	39-6068703	501(C)(3)	11,000.	0.			GENERAL OPERATING
CHURCH OF THE HOLY FAMILY 5900 W LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	11,000.	0.			CAMPAIGN GIFT, GENERAL OPERATING
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE, SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	11,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
ST. TIMOTHY GRADE SCHOOL 241 STAR STREET E MAPLE LAKE, MN 55358-0281	41-0727399	501(C)(3)	11,000.	0.			TUITION ASSISTANCE
ST. FRANCIS XAVIER SCHOOL 219 19TH STREET NW BUFFALO, MN 55313	41-0737223	501(C)(3)	11,000.	0.			TUITION ASSISTANCE
CHURCH OF ST. THOMAS AQUINAS 920 HOLLEY AVENUE ST. PAUL PARK, MN 55071	41-0747178	501(C)(3)	10,900.	0.			TUITION ASSISTANCE
INTERFAITH OUTREACH 1605 COUNTY ROAD 101 N PLYMOUTH, MN 55447	36-3482724	501(C)(3)	10,764.	0.			GENERAL OPERATING, MATCHING GIFT
TRINITY SOBER HOMES 983 ASHLAND AVENUE ST. PAUL, MN 55104	45-2545276	501(C)(3)	10,600.	0.			GENERAL OPERATING
FRASSATI CATHOLIC ACADEMY 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110-3441	46-3494121	501(C)(3)	10,570.	0.			GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE

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JESUITS USA MIDWEST PROVINCE 1010 NORTH HOOKER STREET CHICAGO, IL 60642	36-2167013	501(C)(3)	10,464.	0.			GENERAL OPERATING
THE NATURE CONSERVANCY 1101 WEST RIVER PARKWAY SUITE #20 MINNEAPOLIS, MN 55415	53-0242652	501(C)(3)	10,400.	0.			GENERAL OPERATING
MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	10,350.	0.			PROGRAM SUPPORT
HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS, MN 55033	23-7083534	501(C)(3)	10,250.	0.			GENERAL OPERATING
MARY MOTHER OF GOD MISSION SOCIETY 1736 MILESTONE CIRCLE MODESTO, CA 95357	41-1882587	501(C)(3)	10,133.	0.			GENERAL OPERATING
CHURCH OF ST. PETER CLAVER 375 OXFORD STREET N ST. PAUL, MN 55104	41-0824943	501(C)(3)	10,000.	0.			GENERAL OPERATING
CROHN'S & COLITIS FOUNDATION-MINNESOTA - 2277 HIGHWAY 36 W, SUITE 170 - ROSEVILLE, MN 55113-3850	13-6193105	501(C)(3)	10,000.	0.			GENERAL OPERATING
JOSEPH AND MARY RETREAT HOUSE 1300 STRITCH DRIVE MUNDELEIN, IL 60060	53-0196617	501(C)(3)	10,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
TRACTORS FOR AFRICA PO BOX 44084 EDEN PRAIRIE, MN 55344	61-1804299	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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CHOSEN & DEARLY LOVED FOUNDATION 200 FILLMORE STREET, SUITE 310 DENVER, CO 80206	47-1157436	501(C)(3)	10,000.	0.			GENERAL OPERATING
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	10,000.	0.			RESTRICTED PROGRAMS
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	10,000.	0.			CAMPAIGN GIFT
ST. JOSEPH SCHOOL 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	10,000.	0.			PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
THE BASILICA LANDMARK 88 N 17TH ST MINNEAPOLIS, MN 55403	41-1754864	501(C)(3)	10,000.	0.			CAMPAIGN GIFT
ST. JOSEPH CATHOLIC CHURCH 501 4TH STREET NORTHEAST DEVILS LAKE, SD 58301	45-0251375	501(C)(3)	10,000.	0.			GENERAL OPERATING
HILL MUSEUM & MANUSCRIPT LIBRARY BUSH CENTER COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	10,000.	0.			GENERAL OPERATING
GUIDING STAR PROJECT PO BOX 238 IRONTON, MN 56455	45-4370118	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	56-0529999	501(C)(3)	10,000.	0.			GENERAL OPERATING

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ALPHA WOMEN'S CENTER PO BOX 435 SAVAGE, MN 55378	41-1560473	501(C)(3)	10,000.	0.			GENERAL OPERATING
RAICES SAGRADAS COMMUNITY MENTAL HEALTH - 1515 E. LAKE STREET #211 - MINNEAPOLIS, MN 55407	83-4273268	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	10,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. ALPHONSUS 7025 HALIFAX AVENUE N BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	10,000.	0.			GENERAL OPERATING
SERVANTS OF THE LORD AND THE VIRGIN OF MATARA - 533 WEST TIOGA STREET - PHILADELPHIA, PA 19140	52-2151379	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WHITE ROSE WOMEN'S CENTER 4313 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75205-4545	75-2145755	501(C)(3)	10,000.	0.			GENERAL OPERATING
CHURCH OF THE HOLY ROSARY 2424 18TH AVENUE S MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	10,000.	0.			GENERAL OPERATING
CHURCH OF THE GUARDIAN ANGELS 215 WEST 2ND STREET CHASKA, MN 55318	41-0785167	501(C)(3)	10,000.	0.			GENERAL OPERATING, CEMETERY SUPPORT, GENERAL OPERATING
HOLY TRINITY SEMINARY 3131 VINCE HAGAN DRIVE IRVING, TX 75062	75-6045735	501(C)(3)	10,000.	0.			GENERAL OPERATING

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CHURCH OF ST. JEROME 380 ROSELAWN AVE. E. MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	10,000.	0.			GENERAL OPERATING
SHAKOPEE AREA CATHOLIC SCHOOL 2700 - 17TH AVENUE EAST SHAKOPEE, MN 55379	41-0961357	501(C)(3)	10,000.	0.			TUITION ASSISTANCE
WISHES & MORE 961 HILLWIND ROAD NE MINNEAPOLIS, MN 55432	20-1766318	501(C)(3)	10,000.	0.			GENERAL OPERATING
BIZAA INTERNATIONAL OUTREACH 13570 GROVE DRIVE SUITE 279 MAPLE GROVE, MN 55311	46-3937283	501(C)(3)	10,000.	0.			MATCHING GIFT, SCHOLARSHIP FUND
360 COMMUNITIES 501 EAST HIGHWAY 13, SUITE 112 BURNSVILLE, MN 55337	41-0987708	501(C)(3)	10,000.	0.			GENERAL OPERATING
AMERICANS UNITED FOR LIFE 1150 CONNECTICUT AVENUE NW, SUITE 5 WASHINGTON, DC 20036	36-3906065	501(C)(3)	10,000.	0.			GENERAL OPERATING
EWTN - ETERNAL WORD TELEVISION NETWORK - 5817 OLD LEEDS ROAD - IRONDALE, AL 35210	63-0801391	501(C)(3)	9,820.	0.			GENERAL OPERATING
FAMILY FEST MINISTRIES 140 WEST 98TH STREET SUITE 206 BLOOMINGTON, MN 55420	41-1985709	501(C)(3)	9,750.	0.			GENERAL OPERATING
ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	9,700.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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FOOD FOR THE POOR, INC. FOUNDATIONS DEPARTMENT COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	9,601.	0.			GENERAL OPERATING
ST. JOHN THE BAPTIST SCHOOL 111 MAIN STREET WEST VERMILLION, MN 55085	41-0826791	501(C)(3)	9,530.	0.			INSTALLING LED LIGHTING IN 7 ROOMS IN K-4 HALLWAY, TUITION ASSISTANCE
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	9,521.	0.			GENERAL OPERATING, MATCHING GIFT
ST. FRANCIS MISSION PO BOX 499 ST. FRANCIS, SD 57572	46-6000411	501(C)(3)	9,475.	0.			GENERAL OPERATING
ST. PETER SCHOOL 2620 MARGARET ST N NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	9,450.	0.			PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
BELLIS P.O. BOX 75 ELK RIVER, MN 55330	41-1444119	501(C)(3)	9,434.	0.			GENERAL OPERATING, PROGRAM SUPPORT
HELP AT YOUR DOOR 8441 WAYZATA BLVD SUITE 160 GOLDEN VALLEY, MN 55426	41-1433859	501(C)(3)	9,364.	0.			GENERAL OPERATING PROGRAM SUPPORT
CATHEDRAL OF SAINT PAUL 239 SELBY AVENUE ST. PAUL, MN 55102	41-0696905	501(C)(3)	9,351.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	26-4549213	501(C)(3)	9,350.	0.			GENERAL OPERATING

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LITTLE BROTHERS - FRIENDS OF THE ELDERLY - 1845 EAST LAKE STREET - MINNEAPOLIS, MN 55407	41-0986200	501(C)(3)	9,251.	0.			GENERAL OPERATING, PROGRAM SUPPORT
OUR LADY OF GRACE SCHOOL 5051 EDEN AVENUE EDINA, MN 55436	41-0705765	501(C)(3)	9,183.	0.			ENDOWMENT GIFT, PROFESSIONAL DEVELOPMENT
CANA FAMILY INSTITUTE 7301 BASS LAKE ROAD CRYSTAL, MN 55428	45-5000221	501(C)(3)	9,120.	0.			GENERAL OPERATING
CHURCH OF ST. JUDE OF THE LAKE 700 MAHTOMEDI AVENUE MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	9,100.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. PAUL 1740 BUNKER LAKE BLVD. NE HAM LAKE, MN 55304	41-1402457	501(C)(3)	9,000.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
OUR LADY OF PEACE SCHOOL 5435 11TH AVENUE SOUTH MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	9,000.	0.			TUITION ASSISTANCE
ST. CHARLES BORROMEO SCHOOL 2727 STINSON BLVD NE ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	9,000.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CRU FOUNDATION PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	8,850.	0.			MISSIONARY SUPPORT, PROGRAM SUPPORT
CHURCH OF CORPUS CHRISTI 2131 FAIRVIEW AVENUE NORTH ROSEVILLE, MN 55113	41-0705812	501(C)(3)	8,500.	0.			GENERAL OPERATING

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IMPACT SERVICES 7590 LYRIC LANE NE FRIDLEY, MN 55432	41-1735848	501(C)(3)	8,500.	0.			FOOD/CLOTHING, PROGRAM SUPPORT
ST. JOHN THE BAPTIST CATHOLIC MONTESSORI SCHOOL - 638 MILL STREET - EXCELSIOR, MN 55331	41-0721661	501(C)(3)	8,400.	0.			TUITION ASSISTANCE
SCHOOL SISTERS OF NOTRE DAME 170 GOOD COUNSEL DRIVE MANKATO, MN 56001	41-0693976	501(C)(3)	8,297.	0.			GENERAL OPERATING, RETIRED RELIGIOUS
SOCIETY OF ST. VINCENT DE PAUL/DIVINE MERCY CONFERENCE - 617 3RD AVE NW - FARIBAULT, MN 55021	32-0310950	501(C)(3)	8,250.	0.			FOOD/CLOTHING, GENERAL OPERATING
HOLY TRINITY SCHOOL 745 - 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075-3034	41-0734737	501(C)(3)	8,250.	0.			GENERAL OPERATING, TUITION ASSISTANCE
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416	501(C)(3)	8,249.	0.			GENERAL OPERATING
AUGSBURG UNIVERSITY CAMPUS BOX #142 MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	8,200.	0.			CAPITAL IMPROVEMENT, PROGRAM SUPPORT
FAMILY MISSIONS COMPANY 12611 EVERGLADE ROAD ABBEVILLE, LA 70510	72-1366886	501(C)(3)	8,200.	0.			GENERAL OPERATING
ST. ROSE OF LIMA SCHOOL 2072 N. HAMLINE AVE. ROSEVILLE, MN 55113	41-0790158	501(C)(3)	8,000.	0.			GENERAL OPERATING, TUITION ASSISTANCE

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CHURCH OF ST. GERARD MAJELLA 9600 REGENT AVENUE NORTH BROOKLYN PARK, MN 55443	41-0973587	501(C)(3)	8,000.	0.			GENERAL OPERATING
PREGNANCY RESOURCE CENTER OF CAMBRIDGE - 140 BUCHANAN STREET NO SUITE 138 - CAMBRIDGE, MN 55008	41-1757917	501(C)(3)	8,000.	0.			GENERAL OPERATING
CHURCH OF OUR LADY OF LOURDES ONE LOURDES PLACE MINNEAPOLIS, MN 55414	41-0789401	501(C)(3)	8,000.	0.			GENERAL OPERATING
CHURCH OF GICHITWAA KATERI 3045 PARK AVENUE MINNEAPOLIS, MN 55407	26-3828586	501(C)(3)	8,000.	0.			GENERAL OPERATING
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W SAINT PAUL, MN 55103-2047	41-1690483	501(C)(3)	8,000.	0.			CATHOLIC ARTISTS FOR ENVIRONMENTAL JUSTICE, VOICES OF HOPE
SACRED HEART SCHOOL 4050 HUBBARD AVE N ROBBINSDALE, MN 55422	41-0834785	501(C)(3)	8,000.	0.			TUITION ASSISTANCE
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-1952989	501(C)(3)	7,874.	0.			EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	7,800.	0.			GENERAL OPERATING, MISSIONARY SUPPORT
REISER RELIEF INC. P.O. BOX 48096 COON RAPIDS, MN 55448	87-0778133	501(C)(3)	7,751.	0.			DISASTER RELIEF, GENERAL OPERATING

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LOAVES & FISHES 721 KASOTA AVENUE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	7,700.	0.			GENERAL OPERATING
FAITHFUL SHEPHERD CATHOLIC SCHOOL 3355 COLUMBIA DRIVE EAGAN, MN 55121	41-1880757	501(C)(3)	7,600.	0.			ENDOWMENT GIFT, TUITION ASSISTANCE
MCCL - EDUCATION FUND MN CITIZENS CONCERNED FOR LIFE MINNEAPOLIS, MN 55409	51-0164086	501(C)(3)	7,582.	0.			EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT
EPIPHANY SCHOOL 11001 HANSON BLVD. COON RAPIDS, MN 55433	41-0880245	501(C)(3)	7,500.	0.			TUITION ASSISTANCE
ST. THOMAS AQUINAS CATHOLIC CHURCH 6306 KENWOOD AVE. DALLAS, TX 75214	75-0863021	501(C)(3)	7,500.	0.			GENERAL OPERATING
ST. JOHN THE BAPTIST SCHOOL 215 BROADWAY STREET NORTH JORDAN, MN 55352	41-0713019	501(C)(3)	7,500.	0.			TUITION ASSISTANCE
ST. WENCESLAUS SCHOOL 227 EAST MAIN STREET NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	7,500.	0.			TUITION ASSISTANCE
CHURCH OF ST. PETER 2600 MARGARET STREET NORTH NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	7,175.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CRADLE OF HOPE 1970 OAKCREST AVE. SUITE #104 ROSEVILLE, MN 55113	23-7349015	501(C)(3)	7,142.	0.			GENERAL OPERATING

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FRANCISCAN BROTHERS OF PEACE QUEEN OF PEACE FRIARY ST. PAUL, MN 55104	41-1577838	501(C)(3)	7,015.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. STEPHEN 525 JACKSON STREET ANOKA, MN 55303	41-0713861	501(C)(3)	7,000.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT
ST. PETER SCHOOL 1250 SOUTH SHORE DRIVE FOREST LAKE, MN 55025	41-0799304	501(C)(3)	7,000.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF ST. JOHN THE EVANGELIST 625 111TH AVENUE N NAPLES, FL 34108	65-0082023	501(C)(3)	7,000.	0.			GENERAL OPERATING
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH, SUITE 4 SAINT PAUL, MN 55106	41-0693851	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CHURCH OF ST. PATRICK 3535 - 72ND STREET EAST INVER GROVE HEIGHTS, MN 55076	41-0837975	501(C)(3)	6,799.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
CHURCH OF ST. MARGARET MARY 2323 ZENITH AVENUE N GOLDEN VALLEY, MN 55422	41-0711491	501(C)(3)	6,701.	0.			GENERAL OPERATING
CHURCH OF THE IMMACULATE CONCEPTION - 202 ALABAMA STREET SE - LONSDALE, MN 55046	41-0718325	501(C)(3)	6,700.	0.			GENERAL OPERATING, PROFESSIONAL DEVELOPMENT
BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	75-2883025	501(C)(3)	6,566.	0.			TUITION ASSISTANCE

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BRIDGING, INC. 201 WEST 87TH STREET BLOOMINGTON, MN 55420	41-1725396	501(C)(3)	6,500.	0.			GENERAL OPERATING, PROGRAM SUPPORT
EAST SIDE ELDERS 463 MARIA AVENUE ST. PAUL, MN 55106	26-3060419	501(C)(3)	6,500.	0.			GENERAL OPERATING
TRUST 9 WEST RUSTIC LODGE MINNEAPOLIS, MN 55419-5582	41-0965940	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
HOPE 4 YOUTH 2191 NORTHDAL BLVD NW COON RAPIDS, MN 55433	46-1626500	501(C)(3)	6,500.	0.			GENERAL OPERATING
HOLY SPIRIT SCHOOL 515 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705768	501(C)(3)	6,500.	0.			TUITION ASSISTANCE
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LANE VICTORIA, MN 55386	41-1848970	501(C)(3)	6,400.	0.			GENERAL OPERATING, MATCHING GIFT, TUITION ASSISTANCE
WHITE BEAR LAKE EMERGENCY FOOD SHELF - 1884 WHITAKER AVENUE - WHITE BEAR LAKE, MN 55110	41-1459604	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
BOSTON COLLEGE CADIGAN ALUMNI CENTER CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	6,300.	0.			ENDOWMENT GIFT, PROGRAM SUPPORT
AGATE HOUSING AND SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	6,250.	0.			GENERAL OPERATING, PROGRAM SUPPORT

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ST. LABRE INDIAN SCHOOL 1000 TONGUE RIVER ROAD ASHLAND, MT 59004	81-0244542	501(C)(3)	6,192.	0.			GENERAL OPERATING
ST. LAWRENCE CATHOLIC CHURCH 2410 MORRIS THOMAS RD DULUTH, MN 55811	41-0871082	501(C)(3)	6,100.	0.			GENERAL OPERATING
DOROTHY DAY CENTER A PROGRAM OF CATHOLIC CHARITIES SAINT PAUL, MN 55107	41-1302487	501(C)(3)	6,045.	0.			GENERAL OPERATING
SETTLED INCORPORATED 1740 VAN DYKE STREET SAINT PAUL, MN 55109	83-0986347	501(C)(3)	6,000.	0.			GENERAL OPERATING
WOMEN'S INITIATIVE FOR SELF-EMPOWERMENT (WISE) - 570 ASBURY STREET, SUITE 202 - ST. PAUL, MN 55104	41-1791358	501(C)(3)	6,000.	0.			GENERAL OPERATING
CHURCH OF ST. MARY 636 FIRST AVENUE NORTH SLEEPY EYE, MN 56085	41-0723239	501(C)(3)	6,000.	0.			GENERAL OPERATING
CHURCH OF ST. PHILIP 821 E 5TH STREET LITCHFIELD, MN 55355	41-0773769	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
COMMUNITY EMERGENCY SERVICE / MEALS ON WHEELS - 1900 11TH AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
DRESS FOR SUCCESS TWIN CITIES 1549 UNIVERSITY AVENUE WEST #100 SAINT PAUL, MN 55104	80-0480295	501(C)(3)	6,000.	0.			GENERAL OPERATING

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TWIN CITIES PRISON MINISTRY PO BOX 22263 ST. PAUL, MN 55122	83-1944730	501(C)(3)	6,000.	0.			GENERAL OPERATING
ST. ANNE CATHOLIC CHURCH 9091 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE, WI 53158	39-1922264	501(C)(3)	6,000.	0.			GENERAL OPERATING
THE LIFT GARAGE 2401 E LAKE STTREET MINNEAPOLIS, MN 55406	45-4444338	501(C)(3)	6,000.	0.			GENERAL OPERATING
HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE, LSB3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SOUTHEAST SENIORS THE PILLARS OF PROSPECT PARK MINNEAPOLIS, MN 55414	36-3579534	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
180 DEGREES 236 CLIFTON AVE. SOUTH MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CASA GUADALUPANA P.O. BOX 7244 ST. PAUL, MN 55107	45-0511644	501(C)(3)	6,000.	0.			GENERAL OPERATING
WOMEN'S ALLIANCE OF MINNESOTA 9341 WYOMING AVE SOUTH BLOOMINGTON, MN 55438	81-1142191	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ST. THOMAS MORE NEWMAN CENTER 1502 WARREN STREET MANKATO, MN 56001	41-0855927	501(C)(3)	5,800.	0.			CAPITAL IMPROVEMENT, GENERAL OPERATING

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule I (Form 990)

41-1744184

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. MARY OF CZESTOCHOWA 1867 - 95TH ST. SE DELANO, MN 55328	41-1467499	501(C)(3)	5,800.	0.			GENERAL OPERATING, PROGRAM SUPPORT
HOLY SPIRIT ACADEMY 1001 7TH STREET E SUITE 1 MONTICELLO, MN 55362	46-3049721	501(C)(3)	5,750.	0.			GENERAL OPERATING, TUITION ASSISTANCE
CHURCH OF ST. JOSEPH 8701 - 36TH AVENUE NORTH NEW HOPE, MN 55427	41-6058565	501(C)(3)	5,600.	0.			JUST FAITH PROGRAM / WINTER 2021 / RACIAL JUSTICE, GENERAL OPERATING, PROFESSIONAL
ST. ANTHONY MISSION CHURCH 413 3RD AVENUE WEST CULBERTSON, MT 59218	81-0393565	501(C)(3)	5,540.	0.			GENERAL OPERATING
FOCUS ON THE FAMILY ATTN: SPECIALTY TEAM COLORADO SPRINGS, CO 80920-1051	95-3188150	501(C)(3)	5,500.	0.			MATCHING GIFT, PROGRAM SUPPORT
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405	41-0908458	501(C)(3)	5,500.	0.			CAMPAIGN GIFT, GENERAL OPERATING
HIGHLAND CATHOLIC SCHOOL 2017 BOHLAND AVE. ST. PAUL, MN 55116	41-0972541	501(C)(3)	5,500.	0.			GENERAL OPERATING
RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE PINE RIDGE, SD 57770	46-0275071	501(C)(3)	5,475.	0.			GENERAL OPERATING
SALESIAN MISSIONS 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	5,398.	0.			GENERAL OPERATING

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN SISTERS OF LITTLE FALLS ST. FRANCIS CONVENT LITTLE FALLS, MN 56345	41-0695518	501(C)(3)	5,376.	0.			GENERAL OPERATING
UNITED WAY OF HASTINGS PO BOX 353 HASTINGS, MN 55033	41-1486488	501(C)(3)	5,300.	0.			GENERAL OPERATING, PROGRAM SUPPORT
CHURCH OF ST. ALOYSIUS 302 SOUTH 10TH STREET OLIVIA, MN 56277	41-0828928	501(C)(3)	5,300.	0.			CEMETERY SUPPORT
CHESTERTON ACADEMY OF THE ST. CROIX VALLEY - 1835 NORTHWESTERN AVENUE - STILLWATER, MN 55082	84-3589330	501(C)(3)	5,270.	0.			PROFESSIONAL DEVELOPMENT, TUITION ASSISTANCE
VENEZUELAN MISSION-DEVELOPMENT & STEWARDSHIP - 777 FOREST STREET - SAINT PAUL, MN 55106	41-0693908	501(C)(3)	5,258.	0.			GENERAL OPERATING, PROGRAM SUPPORT
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM NORTHERN LIEUTENANCY - P.O BOX 540004 - OMAHA, NE 68154	20-1666315	501(C)(3)	5,250.	0.			GENERAL OPERATING, PROGRAM SUPPORT
VALLEY OUTREACH 1911 CURVE CREST BLVD W STILLWATER, MN 55082	41-1452973	501(C)(3)	5,250.	0.			FOOD/CLOTHING, GENERAL OPERATING
DOMINICAN SISTERS OF ST. CECILIA CONGREGATION - 801 DOMINICAN DRIVE - NASHVILLE, TN 37228-1909	62-0552181	501(C)(3)	5,200.	0.			EDUCATION PROGRAMS, GENERAL OPERATING
ST. ANASTASIA CATHOLIC CHURCH 407 SOUTH 33RD STREET FORT PIERCE, FL 34947	95-0641390	501(C)(3)	5,100.	0.			GENERAL OPERATING, TUITION ASSISTANCE

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule I (Form 990)

41-1744184

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY FOUNDATION OF THE DIOCESE OF RICHMOND - 7800 CAROUSEL LANE - RICHMOND, VA 23294	47-1403628	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE #100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	5,100.	0.			CAMPAIGN GIFT, GENERAL OPERATING
CROSIER FATHERS AND BROTHERS NATIONAL SHRINE OF ST. ODILIA ONAMIA, MN 56359	41-0705826	501(C)(3)	5,100.	0.			GENERAL OPERATING
GUILD 122 WABASHA ST. S., SUITE 400 ST. PAUL, MN 55107	41-1669233	501(C)(3)	5,050.	0.			CAMPAIGN GIFT, GENERAL OPERATING, PROGRAM SUPPORT
SACRED HEART SOUTHERN MISSIONS P.O. BOX 190 WALLS, MS 38686	64-0854543	501(C)(3)	5,048.	0.			GENERAL OPERATING

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

**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: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL JUSTICE ADVOCACY AND



CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule I (Form 990)

41-1744184 Page 2

**Part IV** Supplemental Information

ENGAGEMENT TEAM/CRJC COORDINATOR, FOOD/CLOTHING, GENERAL OPERATING,  
MATCHING GIFT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AIM HIGHER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION ASSISTANCE RESERVE FUND  
SCHOLARSHIPS, GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND,  
TUITION ASSISTANCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, EDUCATION PROGRAMS,  
ENDOWMENT GIFT, GENERAL OPERATING, MATCHING GIFT, PROGRAM SUPPORT,  
SCHOLARSHIP FUND, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ASCENSION CATHOLIC ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: 3 CITY CONNECTS COORDINATORS FOR  
2021-2022, GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITION  
ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. MICHAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENT,  
EDUCATION PROGRAMS, GENERAL OPERATING, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RISEN CHRIST CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CITY CONNECTS COORDINATOR FOR  
2021-2022, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, TUITION  
ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CITY CONNECTS COORDINATOR FOR  
2021-2022, REPAIRING AN EXTERIOR WALL, CAMPAIGN GIFT, GENERAL OPERATING,  
TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. AGNES SCHOOL TUITION ASSISTANCE,  
GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ST. PASCAL REGIONAL CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASING IPADS, CITY CONNECTS  
COORDINATOR FOR 2021-22, GENERAL OPERATING, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ST. THOMAS

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, ENDOWMENT GIFT,  
GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND, TUITION ASSISTANCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENT,  
ENDOWMENT GIFT, GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND,  
TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ST. THOMAS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CAPITAL IMPROVEMENT,  
GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ST. CATHERINE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR 4 PARTICIPANTS:

Part IV Supplemental Information

INITIATIVE FOR CONTEMPLATIVE DISCIPLESHIP, CAMPAIGN GIFT, GENERAL OPERATING, SCHOLARSHIP FUND, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ANNUNCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENT, GENERAL OPERATING, PROGRAM SUPPORT, RETIRED RELIGIOUS, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: DIOCESE OF NEW ULM

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, EDUCATION PROGRAMS, GENERAL OPERATING, MATCHING GIFT, RETIRED RELIGIOUS, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: DIOCESE OF DULUTH, MN

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION OF SEMINARIANS WHO INTEND TO SERVE IN THE DIOCESE OF DULUTH, ENDOWMENT GIFT, RETIRED RELIGIOUS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: JUST FAITH PROGRAM / WINTER 2021 / RACIAL JUSTICE, GENERAL OPERATING, PROFESSIONAL DEVELOPMENT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Employer identification number **41-1744184**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule J (Form 990) 2021

41-1744184

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE CULLEN MILLER PRESIDENT	(i)	253,856.	52,000.	1,080.	14,500.	2,987.	324,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER NELSON VP OF DEVELOPMENT & DONOR	(i)	158,008.	25,000.	0.	9,914.	7,243.	200,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CASEY J SCOTT VP OF FINANCE AND ADMINISTRATION	(i)	148,121.	25,000.	0.	5,019.	20,716.	198,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIKE RICCI DIRECTOR - PROFESSIONAL OUTREACH	(i)	145,142.	4,350.	0.	7,828.	22,780.	180,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MEG PAYNE NELSON VP OF IMPACT	(i)	113,534.	14,000.	0.	6,919.	16,595.	151,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Employer identification number **41-1744184**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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				
9 Securities - Publicly traded	X	480	14,950,213.	STOCK MARKET QUOTES
10 Securities - Closely held stock	X	6	107,369.	APPRAISAL
11 Securities - Partnership, LLC, or trust interests	X	2	470,629.	APPRAISAL
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **8**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

CATHOLIC COMMUNITY FOUNDATION

Schedule M (Form 990) 2021

OF MINNESOTA

41-1744184

Page 2

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS LISTED.

Multiple horizontal lines for data entry.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Employer identification number

**41-1744184**

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

THE BOARD OF DIRECTORS SHALL ESTABLISH AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE VICE CHAIRPERSON, THE IMMEDIATE PAST VICE CHAIRPERSON, THE OFFICERS OF THE BOARD OF DIRECTORS, AND ALL OF THE CHAIRS OF THE FOUNDATION'S STANDING COMMITTEES. ONE (1) OR MORE OTHER DIRECTORS WITH VOTING RIGHTS APPOINTED BY THE BOARD OF DIRECTORS MAY ALSO SERVE ON THE EXECUTIVE COMMITTEE. THE CHAIRPERSON OF THE BOARD OF DIRECTORS SHALL NOT BE A MEMBER OF THE EXECUTIVE COMMITTEE. WHEN A MEMBER OF THE EXECUTIVE COMMITTEE CEASES TO BE A VOTING DIRECTOR, SUCH PERSON AUTOMATICALLY SHALL CEASE TO BE A MEMBER OF THE EXECUTIVE COMMITTEE OF 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. THE EXECUTIVE COMMITTEE SHALL HOLD SUCH MEETINGS AS IT DEEMS NECESSARY AND MINUTES OF SUCH MEETINGS SHALL BE KEPT AND MADE AVAILABLE TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING. THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE NECESSARY FOR AN ACT OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 4:

MAXIMUM NUMBER OF BOARD MEMBERS (30) WAS ADDED. CLASSIFICATION OF BOARD MEMBERS WENT FROM THREE TO FOUR AND NOW INCLUDES NON-VOTING DIRECTORS. NON-VOTING AND EMERITUS MEMBERS WILL NOT COUNT TOWARDS BOARD QUORUM. PRESIDENT CAN BE A NON-VOTING DIRECTOR. ADDED LANGUAGE ABOUT DELEGATING

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

Schedule O (Form 990) 2021

Name of the organization	CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number	41-1744184
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BOARD RESPONSIBILITIES TO EMPLOYEES AS LONG AS THE BOARD MEMBER WAS SUPERVISING. REMOVED RESTRICTIONS IN PURPOSE RELATED TO ASSISTING THE CATHOLIC DIOCESES WITHIN THE STATE OF MINNESOTA, OPENING UP THE ABILITY TO ASSIST CATHOLIC DIOCESES IN OTHER STATES.

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 TRANSACTION AND ARE NOT COUNTED FOR DETERMINING THE PRESENCE OF A QUORUM. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE NOTED IN THE MEETING MINUTES.

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

Name of the organization	CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number	41-1744184
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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 15A:

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 2022 FOR THE CURRENT PRESIDENT, ANNE CULLEN MILLER.

FOR OTHER OFFICERS, THE PRESIDENT OF CATHOLIC COMMUNITY FOUNDATION REVIEWS COMPARABILITY DATA WHEN DETERMINING COMPENSATION LEVELS. 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 2022 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 AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-879,749.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS	25,365,526.
EXCESS CONTRIBUTIONS OVER GRANTS, BENEFICIAL ENDOWMENTS	

Name of the organization	<b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number	<b>41-1744184</b>
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**HELD FOR OTHERS** -11,718,105.

**TOTAL TO FORM 990, PART XI, LINE 9** 12,767,672.

Multiple horizontal lines for additional entries.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Employer identification number **41-1744184**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

CATHOLIC COMMUNITY FOUNDATION

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (14)	INVESTMENTS	MN	CATHOLIC COMMUNITY FOUNDATION OF	TRUST	0.	4,140,709.		X	

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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)			
(4)			
(5)			
(6)			





**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 (14)

DIRECT CONTROLLING ENTITY: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA



Type and Entity: PARTNERSHIP SILO - NO POST-2017 NO **DETAIL CARRYOVER SCHEDULE**  
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			Amount Used for 06/30/15	Amount Used for 06/30/17	Amount Used for 06/30/18	Amount Used for 06/30/20	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A 2018	311,068.	207,684.	20,321.	24,050.	41,198.	242.	121,873.					
B 2019	831,587.											
C 2020	57,283.											
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
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J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												



Type and Entity: NOL NY		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/21	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	311,068.	119,418.	59.	119,359.							
B	2019	831,318.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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H												
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J												
K												
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M												
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R												
S												
T												
U												
V												
W												

Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

**2022**

1	Unrelated business taxable income expected in the tax year .....		1	
2	Tax on the amount on line 1. See instructions for tax computation .....		2	
3	Alternative minimum tax for trusts. See instructions .....		3	
4	Total. Add lines 2 and 3 .....		4	
5	Estimated tax credits. See instructions .....		5	
6	Subtract line 5 from line 4 .....		6	
7	Other taxes. See instructions .....		7	
8	Total. Add lines 6 and 7 .....		8	
9	Credit for federal tax paid on fuels. See instructions .....		9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a		
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	5,738.	
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....		<b>ADJUSTED TO</b>	10c 5,760.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11	12/15/22	03/15/23	06/15/23
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	1,390.	1,440.	1,440.
13	2021 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14	1,390.	1,440.	1,440.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

**ESTIMATED TAX** 5,760.  
**AMOUNT PAID** 1,490.  
**AMOUNT DUE** 4,270.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

EIN or SSN 41-1744184

Name and title of officer or person subject to tax ANNE CULLEN MILLER PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number (1a-10a), Description of form and amount, and Amount (1b-10b). Line 6a is checked with amount 5,738.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) CLIFTONLARSONALLEN LLP, (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55107. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date 11/10/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39960613127 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KIMBERLY ANDERSON, CPA Date 12/09/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2021)

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2610 UNIVERSITY AVENUE WEST, 500</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55114</b>	<p><b>D</b> Employer identification number <b>41-1744184</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>507,390,590.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **ANNE CULLEN MILLER** Telephone number ▶ **(651) 389-0300**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	31,362.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	31,362.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 2 STMT 3</b> .....	4	3,036.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	28,326.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	28,326.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	27,326.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	5,738.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	5,738.

LHA For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	5,738.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	5,738.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>	
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	194.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	5,932.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No						
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X						
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$								
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.								
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.								
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>523000</td> <td>\$ 1,114,127.</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	523000	\$ 1,114,127.		\$		
Business Activity Code	Available post-2017 NOL carryover								
523000	\$ 1,114,127.								
	\$								
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X						
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V								

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **KIMBERLY ANDERSON, CPA** Preparer's signature: **KIMBERLY ANDERSON, CPA** Date: **12/09/22** Check  if self-employed PTIN: **P00188889**

Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**

Firm's address: **8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562** Phone no. **608-662-8600**

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS PAID	N/A	419,900.
K-1 PASS THROUGH CHARITABLE EXPENSE	N/A	216.
TOTAL TO FORM 990-T, PART I, LINE 4		420,116.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019 200,000  
 FOR TAX YEAR 2020 199,993

TOTAL CARRYOVER 399,993  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 420,116

TOTAL CONTRIBUTIONS AVAILABLE 820,109  
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,036

EXCESS CONTRIBUTIONS 817,073  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 817,073

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,036

TOTAL CONTRIBUTION DEDUCTION 3,036

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	<b>B</b> Employer identification number <b>41-1744184</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>523000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>	1,245.		1,245.
<b>c</b> Capital loss deduction for trusts	<b>4b</b>	-252.		-252.
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b>	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>	1,351.		1,351.
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>			
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>11</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>			
	<b>13</b>	2,344.		2,344.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				
<b>7</b> Depreciation (attach Form 4562). See instructions		7		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		8a		8b
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>				1,450.
<b>15 Total deductions.</b> Add lines 1 through 14				1,450.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				894.
<b>17</b> Deduction for net operating loss. See instructions				0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				894.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> <b>0.</b>				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> <b>0.</b>				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> <b>0.</b>				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> <b>0.</b>				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> <b>0.</b>				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (		1,650.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - OTHER NET RENTAL INCOME (L		-300.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - INTEREST INCOME		1.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		1,351.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,450.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,450.



**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>1,245.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>1,245.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>1,245.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,245.</b>

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



**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. **27**

Name(s) shown on return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Identifying number <b>41-1744184</b>
<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>METROPOLITAN REAL ESTATE PARTNERS GLOBAL</b>						-252.

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>	
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>	
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>	
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>	
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>	-252.
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>		
<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>	

**Part II Ordinary Gains and Losses** (see instructions)

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
<b>11</b> Loss, if any, from line 7 .....	<b>11</b>	( 252.)					
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>						
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>						
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>						
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>						
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>						
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>	-252.					
<p><b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.</p> <p><b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....</p> <p><b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....</p>							
	<b>18a</b>						
	<b>18b</b>						

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	<b>B</b> Employer identification number <b>41-1744184</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>523000</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **PARTNERSHIP SILO - NO CONTROL**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 389,115.		389,115.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 6</b>	<b>5</b> -235,324.		-235,324.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 153,791.		153,791.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 7</b>	<b>14</b>		1,450.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		1,450.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		152,341.
<b>17</b> Deduction for net operating loss. See instructions <b>STATEMENT 8</b>	<b>17</b>		121,873.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		30,468.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> <b>0.</b>				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> <b>0.</b>				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> <b>0.</b>				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> <b>0.</b>				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> <b>0.</b>				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION		NET INCOME OR (LOSS)
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - ORDINARY BUSINES		634,525.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - NET RENTAL REAL		540.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - INTEREST INCOME		34,294.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - DIVIDEND INCOME		10,225.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - ROYALTIES		62,533.
SILO PARTNERSHIP K-1S LESS THAN 20% OWNED WITHOUT CONTROL - OTHER INCOME (LO		-977,441.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-235,324.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,450.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,450.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 8
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
1,114,127.	121,873.	992,254.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	311,068.	85,811.	225,257.	225,257.
06/30/20	831,587.	0.	831,587.	831,587.
06/30/21	57,283.	0.	57,283.	57,283.
NOL CARRYOVER AVAILABLE THIS YEAR			1,114,127.	1,114,127.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>105,492.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>105,492.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>7,625.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>275,998.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>283,623.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>105,492.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>283,623.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>389,115.</b>

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

**Social security number or  
taxpayer identification no.**

**41-1744184**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SILO PARTNERSHIP K-1S LESS THAN 20% OWNE							7,625. C
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								7,625.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Identifying number

**41-1744184**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SILO PARTNERSHIP K-1S LESS THAN 20% OWNE</b>						<b>275,998.</b>

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

**275,998.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

**275,998.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):



- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

( )

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18a**

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>106,737.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>106,737.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>7,625.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>275,746.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>283,371.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>106,737.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>283,371.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>390,108.</b>

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





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

**Social security number or  
taxpayer identification no.**

**41-1744184**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SILO PARTNERSHIP K-1S LESS THAN 20% OWNE							7,625.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								7,625.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

**2021**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name **CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Employer identification number  
**41-1744184**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	5,738.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....		
2c	Credit for federal tax paid on fuels (see instructions) .....		
2d	<b>Total.</b> Add lines 2a through 2c .....		
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	5,738.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	5,738.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	10/15/21	12/15/21	03/15/22	06/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	1,435.	1,434.	1,435.	1,434.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column .....				
13 Add lines 11 and 12 .....				
14 Add amounts on lines 16 and 17 of the preceding column .....		1,435.	2,869.	4,304.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		1,435.	2,869.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	1,435.	1,434.	1,435.	1,434.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>194.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



**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](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Identifying number <b>41-1744184</b>
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1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 10</b>						

3 Gain, if any, from Form 4684, line 39 .....	<b>3</b>
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>
6 Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b> <b>275,746.</b>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b> <b>275,746.</b>

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7 .....	<b>11</b> ( )
12 Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>
13 Gain, if any, from line 31 .....	<b>13</b>
14 Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>
17 Combine lines 10 through 16 .....	<b>17</b>

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
METROPOLITAN REAL ESTATE PARTNERS GLOBAL SILO PARTNERSHIP K-1S LESS THAN 20% OWNE						-252.     275,998.
TOTAL TO 4797, PART I, LINE 2						275,746.



**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**HENDERSON PARK REAL ESTATE FUND I US TE**

**11-15 SEATON PLACE**  
**ST. HELIER, JERSEY JE4 0QH**

<b>2(a)</b> EIN (if any) <b>98-1399152</b>
<b>2(b)</b> Reference ID number <b>018HENDE8865JEX01</b>
<b>3</b> Country under whose laws organized <b>JERSEY</b>

<b>4</b> Date of organization <b>03/05/2016</b>	<b>5</b> Principal place of business <b>JERSEY</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
--	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>AZTEC FINANCIAL SERVICES</b> <b>11-15 SEATON PLACE</b> <b>ST. HELIER, JERSEY JE4 0QH</b>
---	--

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **0**

**9** How is this partnership classified under the law of the country in which it's organized? **LIMITED PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

STATEMENT 11 Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identifying number <b>41-1744184</b>
Name of foreign partnership <b>HENDERSON PARK REAL ESTATE FUND I</b>	EIN (if any) <b>98-1399152</b>
	Reference ID number (see instr) <b>018HENDE8865JE</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		136,309.				
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							
<b>Totals</b>			<b>136,309.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.5660** % (b) After the transfer **1.5700** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**  
▶ **Attach to your tax return.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

<b>G1</b> Name and address of foreign partnership <b>OAK HILL CAPITAL PARTNERS V (ONSHORE TAX EXEMPT) LP</b> <b>263 TRESSER BLVD, 15TH FLOOR</b> <b>STAMFORD, CT 06901</b>	<b>2(a)</b> EIN (if any) <b>98-1456404</b>
	<b>2(b)</b> Reference ID number <b>018OAKHI8865CJX02</b>
	<b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>

<b>4</b> Date of organization <b>12/21/2018</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
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<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>WALKERS CORPORATE LIMITED</b> <b>CAYMAN CORPORATE CENTRE 27 HOSPITAL R</b> <b>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>INTERTRUST CORPORATION SERVICES</b> <b>263 TRESSER BLVD, 15TH FLOOR</b> <b>STAMFORD, CT 06901</b>
---	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **0**

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 12 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Filer's identifying number **41-1744184**

Name of foreign partnership **OAK HILL CAPITAL PARTNERS V (ONSH TAX EXEMPT) LP** EIN (if any) **98-1456404** Reference ID number (see instr) **018OAKHI8865CJ**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		2,631,651.				
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							
<b>Totals</b>			<b>2,631,651.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.7500** % (b) After the transfer **1.7500** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022
---	---

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

<b>G1</b> Name and address of foreign partnership <b>THE VARDE FUND XIII (B) (FEEDER), L.P.</b> <b>C/O WALKERS CORPORATE LIMITED</b> <b>190 ELGIN AVENUE</b> <b>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS KY1-</b>	<b>2(a)</b> EIN (if any) <b>98-1433361</b> <b>2(b)</b> Reference ID number <b>018THEVA8865CJX03</b> <b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>
---	--

<b>4</b> Date of organization <b>05/22/2018</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
--	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>WALKERS CORPORATE LIMITED</b> <b>CAYMAN CORPORATE CENTRE 190 ELGIN AVE</b> <b>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>WALKERS CORPORATE LIMITED</b> <b>CAYMAN CORPORATE CENTRE 190 ELGIN AVE</b> <b>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>
---	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
UNIVERSITY OF NOTRE DAME D	1251 N EDDY STREET STE 400 SOUTH BEND, IN 46617	35-0868188	

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
THE VARDE FUND XIII, L.P.	190 ELGIN AVE, CAYMAN CORP GEORGE TOWN, GRAND CAYMAN	98-1430633		<b>X</b>



**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Filer's identifying number **41-1744184**

Name of foreign partnership **THE VARDE FUND XIII (B) (FEEDER), C/O WALKERS CORPORATE LIMITED** EIN (if any) **98-1433361** Reference ID number (see instr) **018THEVA8865CJ**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		260,000.				
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 property							
<b>Totals</b>			<b>260,000.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.6622** % (b) After the transfer **.6600** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

<b>G1</b> Name and address of foreign partnership <b>ARVO, LLC C/O WALKERS CORPORATE LIMITED 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS KY1-</b>	<b>2(a)</b> EIN (if any) <b>26-3629135</b>
	<b>2(b)</b> Reference ID number <b>053ARVOL8865XCJ04</b>
	<b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>

<b>4</b> Date of organization <b>10/29/2008</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
--	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>WALKERS CORPORATE LIMITED CAYMAN CORPORATE CENTRE 27 HOSPITAL R GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>WALKERS CORPORATE LIMITED CAYMAN CORPORATE CENTRE 27 HOSPITAL R GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>
---	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

STATEMENT 13 Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
FTI HOLDINGS S.A.R.L	19, RUE DE BITBOURG LUXEMBOURG, LUXEMBOURG L-1	APPLIEDFOR		<input checked="" type="checkbox"/>

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA** Filer's identifying number **41-1744184**

Name of foreign partnership **ARVO, LLC  
C/O WALKERS CORPORATE LIMITED** EIN (if any) **26-3629135** Reference ID number (see instr) **053ARVOL8865XC**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		626,080.				
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							
<b>Totals</b>			<b>626,080.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0095** % (b) After the transfer **.0095** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
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Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**MARIETTE HOLDINGS LIMITED**

**13-14 ESPLANADE**  
**ST. HELIER, JERSEY JERSEY JE1 1BD**

<b>2(a)</b> EIN (if any) <b>98-1464739</b>
<b>2(b)</b> Reference ID number <b>053MARIE8865XCJ05</b>
<b>3</b> Country under whose laws organized <b>JERSEY</b>

<b>4</b> Date of organization <b>09/11/2018</b>	<b>5</b> Principal place of business <b>JERSEY</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>ASSET MANAGEMEN</b>	<b>8a</b> Functional currency <b>GBP</b>	<b>8b</b> Exchange rate (see instructions) <b>.783100</b>
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**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
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<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>MARIETTE HOLDINGS LIMITED, 98-1464739</b> <b>13-14 ESPLANADE</b> <b>ST. HELIER, JERSEY JE1 1BD</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>MARIETTE HOLDINGS LIMITED, 98-1464739</b> <b>13-14 ESPLANADE</b> <b>ST. HELIER, JERSEY JE1 1BD</b>
--	--

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **CORPORATION**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

STATEMENT 14 Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA** Filer's identifying number **41-1744184**

Name of foreign partnership **MARIETTE HOLDINGS LIMITED** EIN (if any) **98-1464739** Reference ID number (see instr) **053MARIE8865XC**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		223,065.				
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							
<b>Totals</b>			<b>223,065.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0418** % (b) After the transfer **.0418** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **MAR 30**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022
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**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

<b>G1</b> Name and address of foreign partnership <b>AU FUNDING CAYMAN LLC</b>  <b>190 ELGIN AVENUE</b> <b>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS KY1-</b>	<b>2(a)</b> EIN (if any) <b>98-1606865</b> <b>2(b)</b> Reference ID number <b>053AUFUN8865XCJ06</b> <b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>
--	--

<b>4</b> Date of organization <b>03/30/2021</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
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**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
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<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>AU FUNDING CAYMAN LLC, 98-1606865</b> <b>190 ELGIN AVENUE</b> <b>GEORGE TOWN, CAYMAN ISLANDS KY1-9008</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>AU FUNDING CAYMAN LLC, 98-1606865</b> <b>190 ELGIN AVENUE</b> <b>GEORGE TOWN, CAYMAN ISLANDS KY1-9008</b>
---	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **CORPORATION**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No



- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction...
b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions...
c If "Yes," enter the amount of gross income derived from a license of property...
d If "Yes," enter the amount of gross income derived from services provided...
13 Enter the number of foreign partners subject to section 864(c)(8)...
14 At any time during the tax year were any transfers between the partnership and its partners...
15 a Were there any transfers of property or money within a 2-year period...
b Did the partnership assume a liability or receive property subject to a liability...

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A Constructive Ownership of Partnership Interest. Table with columns: Name, Address, Identification number (if any), Check if foreign person, Check if direct partner.

Schedule A-1 Certain Partners of Foreign Partnership (see instructions). Table with columns: Name, Address, Identification number (if any), Check if foreign person.

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions). Table with columns: Name of foreign partner, Address, Country of organization, U.S. taxpayer identification number, Check if related to U.S. transferor, Percentage interest (Capital, Profits).

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Table with columns: Name, Address, EIN (if any), Total ordinary income or loss, Check if foreign partnership.

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identifying number <b>41-1744184</b>
Name of foreign partnership <b>AU FUNDING CAYMAN LLC</b>	EIN (if any) <b>98-1606865</b>
	Reference ID number (see instr) <b>053AUFUN8865XC</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		116,154.				
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							
<b>Totals</b>			<b>116,154.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0452** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 15**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022
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**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**OHCP IV (ONSHORE TAX EXEMPT) MN S LP**

**263 TRESSER BOULEVARD, 15TH FLOOR  
STAMFORD, CT 06901**

<b>2(a)</b> EIN (if any) <b>98-1602084</b> <b>2(b)</b> Reference ID number <b>0530HCPI8865XCJ07</b> <b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>
--

<b>4</b> Date of organization <b>04/15/2021</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
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**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
--	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>WALKERS CORPORATE LIMITED 27 HOSPITAL RD GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>OHCP IV, 98-1602084 263 TRESSER BLVD, 15TH FLOOR STAMFORD, CT 06901</b>
--	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identifying number <b>41-1744184</b>
Name of foreign partnership <b>OHCP IV (ONSHORE TAX EXEMPT) MN S</b>	EIN (if any) <b>98-1602084</b>
	Reference ID number (see instr) <b>0530HCPI8865XC</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** 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

<b>Part I Transfers Reportable Under Section 6038B</b>							
<b>STMT 15</b>							
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 recognized on transfer
Cash							
Stock, notes receivable and payable, and other securities	08/12/21		405,888.	150,711.		REMEDIAL	255,177.
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							
<b>Totals</b>			<b>405,888.</b>	<b>150,711.</b>			<b>255,177.</b>

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0000** %

**Supplemental Information Required To Be Reported** (see instructions):

<b>Part II Dispositions Reportable Under Section 6038B</b>							
(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**  
▶ **Attach to your tax return.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JUN 4**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022	

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

<b>G1</b> Name and address of foreign partnership <b>HENDERSON PARK REAL ESTATE FUND II</b>  <b>8 RUE LOU HEMMER</b> <b>SENNINGERBERG, LUXEMBOURG LUXEMBOURG L-1748</b>	<b>2(a)</b> EIN (if any)  <b>2(b)</b> Reference ID number <b>053HENDE8865CJX08</b> <b>3</b> Country under whose laws organized
---	--

<b>4</b> Date of organization <b>06/04/2021</b>	<b>5</b> Principal place of business <b>LUXEMBOURG</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency	<b>8b</b> Exchange rate (see instructions)
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**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
<b>3</b> Name and address of foreign partnership's agent in country of organization, if any	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction...
b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions...
c If "Yes," enter the amount of gross income derived from a license of property...
d If "Yes," enter the amount of gross income derived from services provided...
13 Enter the number of foreign partners subject to section 864(c)(8)...
14 At any time during the tax year were any transfers between the partnership and its partners...
15 a Were there any transfers of property or money within a 2-year period...
b Did the partnership assume a liability or receive property subject to a liability...

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A Constructive Ownership of Partnership Interest. Table with columns: Name, Address, Identification number (if any), Check if foreign person, Check if direct partner.

Schedule A-1 Certain Partners of Foreign Partnership (see instructions). Table with columns: Name, Address, Identification number (if any), Check if foreign person.

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions). Table with columns: Name of foreign partner, Address, Country of organization, U.S. taxpayer identification number, Check if related to U.S. transferor, Percentage interest (Capital, Profits).

Does the partnership have any other foreign person as a direct partner? [X] Yes [ ] No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Table with columns: Name, Address, EIN (if any), Total ordinary income or loss, Check if foreign partnership.

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identifying number <b>41-1744184</b>
Name of foreign partnership <b>HENDERSON PARK REAL ESTATE FUND I</b>	EIN (if any) Reference ID number (see instr) <b>053HENDE8865CJ</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	12/31/21		330,753.				
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							
<b>Totals</b>			<b>330,753.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.2040** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021



**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JUL 26**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Filer's identification number <b>41-1744184</b>
--	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2021, and ending <b>JUN 30</b> , 2022

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**H.I.G. ADVANTAGE BUYOUT FUND AIV A, L.P**

**1450 BRICKELL AVENUE, 31ST FLOOR**  
**MIAMI, FL 33131**

<b>2(a)</b> EIN (if any) <b>98-1617082</b>
<b>2(b)</b> Reference ID number <b>053HIGAD8865XCA09</b>
<b>3</b> Country under whose laws organized <b>CANADA</b>

<b>4</b> Date of organization <b>07/26/2021</b>	<b>5</b> Principal place of business <b>CANADA</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>EURO</b>	<b>8b</b> Exchange rate (see instructions) <b>.845300</b>
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**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>E-FILE</b>
--	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>BLAKES EXTRA-PROVINCIAL SERVICES, INC</b> <b>199 BAY STREET, SUITE 4000</b> <b>TORONTO, ONTARIO CANADA M5L-1A9</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>H.I.G. EUROPEAN CAPITAL PARTNERS, LLP</b> <b>10 GROSVENOR STREET, 2ND FLOOR</b> <b>LONDON, UNITED KINGDOM W1K 4QB</b>
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**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **LIMITED PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction...
b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions...
c If "Yes," enter the amount of gross income derived from a license of property...
d If "Yes," enter the amount of gross income derived from services provided...
13 Enter the number of foreign partners subject to section 864(c)(8)...
14 At any time during the tax year were any transfers between the partnership and its partners...
15 a Were there any transfers of property or money within a 2-year period...
b Did the partnership assume a liability or receive property subject to a liability...

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A Constructive Ownership of Partnership Interest. Table with columns: Name, Address, Identification number (if any), Check if foreign person, Check if direct partner.

Schedule A-1 Certain Partners of Foreign Partnership (see instructions). Table with columns: Name, Address, Identification number (if any), Check if foreign person.

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions). Table with columns: Name of foreign partner, Address, Country of organization, U.S. taxpayer identification number, Check if related to U.S. transferor, Percentage interest (Capital, Profits).

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Table with columns: Name, Address, EIN (if any), Total ordinary income or loss, Check if foreign partnership.

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA** Filer's identifying number **41-1744184**

Name of foreign partnership **H.I.G. ADVANTAGE BUYOUT FUND AIV** EIN (if any) **98-1617082** Reference ID number (see instr) **053HIGAD8865XC**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** 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

**Part I Transfers Reportable Under Section 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 recognized on transfer
Cash	07/26/21		106,222.				
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							
<b>Totals</b>			<b>106,222.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.4867** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(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)? .....  Yes  No

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

Schedule O (Form 8865) 10-2021

FORM 8865

CERTAIN PARTNERS OF FOREIGN PARTNERSHIP

STATEMENT 11

NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
113011 INVESTMENT HOLDINGS	251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	99-9999999	
DOW EMPLOYEES PENSION PLAN	211 H.H DOW WAY MIDLAND, MI 48674	99-9999999	
LOUISIANA SCHOOL EMPLOYEES	8660 UNITED PLAZA BLVD BATON ROUGE, LA 70809	99-9999999	

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 12

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOREIGN EIGN P'SH
OG CRIMSON HOLDINGS LP	1200 17TH STREET, SUITE 50 DENVER, CO 80202	84-3406032		
OHCP TEM HOLDCO LP	263 TRESSER BLVD, 15TH FLO STAMFORD, CT 06901	84-3776535		
FUTURE FIBER PARENT LP	263 TRESSER BLVD, 15TH FLO STAMFORD, CT 06901	85-2510998		
GALWAY INSURANCE HOLDINGS,	65 EAST 55TH ST, FLOOR 32 NEW YORK, NY 10022	85-1574210		
OHCP TM HOLDCO LP	263 TRESSER BLVD FL 15 STAMFORD, CT 06901	87-1187463		
OHCP TRINITY HOLDINGS, LP	263 TRESSER BLVD FL 15 STAMFORD, CT 06901	88-2610033		

FORM 8865 CERTAIN PARTNERS OF FOREIGN PARTNERSHIP STATEMENT 13

NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
THE VARDE FUND XII (MASTER)	901 MARQUETTE AVE S, STE 3 MINNEAPOLIS, MN 55402	81-0973784	
VARDE INVESTMENT PARTNERS	901 MARQUETTE AVE S, STE 3 MINNEAPOLIS, MN 55402	41-2018992	

FORM 8865 CERTAIN PARTNERS OF FOREIGN PARTNERSHIP STATEMENT 14

NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
THE VARDE FUND XII (MASTER)	901 MARQUETTE AVE S, STE 3 MINNEAPOLIS, MN 55402	81-0973784	
VARDE INVESTMENT PARTNERS	901 MARQUETTE AVE S, STE 3 MINNEAPOLIS, MN 55402	41-2018992	

FORM 8865 SCHEDULE O - MARKETABLE SECURITIES TRANSFERS STATEMENT 15

<B>  
DESCRIPTION OF PROPERTY

(A) DATE OF TRANSFER	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(E) RECOVERY PERIOD	(F) SEC 704(C) ALLOCATION METHOD	(G) GAIN RECOGNIZED ON TRANSFER
METRONET HOLDINGS LLC 08 12 21	405,888.	150,711.		REMEDIAL	255,177.

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to [www.irs.gov/Form8886](http://www.irs.gov/Form8886) for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**CATHOLIC COMMUNITY FOUNDATION  
 OF MINNESOTA**

Identifying number  
**41-1744184**

Number, street, and room or suite no.  
**2610 UNIVERSITY AVENUE WEST, 500**

City or town, state, and ZIP code  
**ST. PAUL, MN 55114**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 1 of 3

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990  
 Enter the year of the tax return identified above ..... ▶ 06/30/2022  
 Is this Form 8886 being filed with an amended tax return? .....  Yes  No

**C** Check the box(es) that apply. See instructions.  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**SECTION 165 LOSS - ARCLIGHT**

**1b** Initial year participated in transaction  
**2021**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply. See instructions.  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ..... ▶ \_\_\_\_\_

**4** Enter the number of "same as or substantially similar" transactions reported on this form ..... ▶ \_\_\_\_\_

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **SEE STATEMENT 16**

**c** Employer identification number (EIN), if known ▶ \_\_\_\_\_

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ..... ▶ \_\_\_\_\_

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

<b>a</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

<b>b</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions
- Exclusions from gross income
- Absence of adjustments to basis
- Tax credits
- Capital loss
- Nonrecognition of gain
- Deferral
- Ordinary loss
- Adjustments to basis
- Other \_\_\_\_\_

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions ..... \$ -10,028.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions ..... 1

d Enter your total investment or basis in the transaction. See instructions ..... \$ 33,513.

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 17

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt  Foreign  Related

Name <b>SEE STATEMENT 18</b>	Identifying number
---------------------------------	--------------------

Address

Description

b Type of individual or entity:  Tax-exempt  Foreign  Related

Name	Identifying number
------	--------------------

Address

Description

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to [www.irs.gov/Form8886](http://www.irs.gov/Form8886) for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**CATHOLIC COMMUNITY FOUNDATION  
 OF MINNESOTA**

Identifying number  
**41-1744184**

Number, street, and room or suite no.  
**2610 UNIVERSITY AVENUE WEST, 500**

City or town, state, and ZIP code  
**ST. PAUL, MN 55114**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 2 of 3

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990  
 Enter the year of the tax return identified above ..... ▶ 06/30/2022  
 Is this Form 8886 being filed with an amended tax return? .....  Yes  No

**C** Check the box(es) that apply. See instructions.  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**SECTION 165 LOSS - ARCLIGHT LIMETREE**

**1b** Initial year participated in transaction  
**2021**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply. See instructions.  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ..... ▶ \_\_\_\_\_

**4** Enter the number of "same as or substantially similar" transactions reported on this form ..... ▶ \_\_\_\_\_

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **LIMETREE BAY HOLDINGS, LLC**

**c** Employer identification number (EIN), if known ▶ \_\_\_\_\_

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ..... ▶ **NONE**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

<b>a</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

<b>b</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code



7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions, Exclusions from gross income, Absence of adjustments to basis, Tax credits, Capital loss, Nonrecognition of gain, Deferral, Ordinary loss, Adjustments to basis, Other

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$ -584,664.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions 1

d Enter your total investment or basis in the transaction. See instructions \$ 584,664.

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years.

ARCLIGHT ENERGY PARTNERS FUND VI LP INDIRECTLY INVESTS IN LIMETREE BAY HOLDINGS LLC WHICH INCURRED A LONG-TERM CAPITAL LOSS REPORTED ITS PARTICIPATION IN A SECTION 165 REPORTABLE LOSS TRANSACTION, IN TAX YEAR 2021, AS AN INDIRECT INVESTOR IN LIMETREE BAY HOLDINGS, LLC IN ACCORDANCE WITH THE PROVISIONS OF TREAS. REG. SECTION 1.6011-4(F)(2), TAXPAYER PROTECTIVELY DISCLOSES A LOSS TRANSACTION OF (\$466,079,239). THE PORTION OF THE LOSS REPORTED ON THIS FORM 8886 IS (\$584,664).

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement.

a Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to [www.irs.gov/Form8886](http://www.irs.gov/Form8886) for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)  
**CATHOLIC COMMUNITY FOUNDATION  
 OF MINNESOTA**

Identifying number  
**41-1744184**

Number, street, and room or suite no.  
**2610 UNIVERSITY AVENUE WEST, 500**

City or town, state, and ZIP code  
**ST. PAUL, MN 55114**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number 3 of 3

**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ 990  
 Enter the year of the tax return identified above ..... ▶ 06/30/2022  
 Is this Form 8886 being filed with an amended tax return? .....  Yes  No

**C** Check the box(es) that apply. See instructions.  Initial year filer  Protective disclosure

**1a** Name of reportable transaction  
**SECTION 165 LOSS - BONAZA CREEK**

**1b** Initial year participated in transaction  
**2021**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply. See instructions.  
**a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ..... ▶ \_\_\_\_\_

**4** Enter the number of "same as or substantially similar" transactions reported on this form ..... ▶ \_\_\_\_\_

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

**a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name  
 ▶ **NGP NATURAL RESOURCES XI, LP**

**c** Employer identification number (EIN), if known ▶ **47-1245315**

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ..... ▶ **09/07/2022**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

<b>a</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

<b>b</b> Name	Identifying number (if known)	Fees paid
		\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions, Exclusions from gross income, Absence of adjustments to basis, Tax credits, Capital loss, Nonrecognition of gain, Deferral, Ordinary loss, Adjustments to basis, Other

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$ -17,632.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions 1

d Enter your total investment or basis in the transaction. See instructions \$ 20,123.

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEC 165 LOSS FROM THE DISPOSITION OF STOCK THAT DOES NOT CONSTITUTE QUALIFIED BASIS. THE STOCK WAS DISTRIBUTED FROM FIFTH CREEK ENERGY COMPANY, LLC AS A LIQUIDATING DISTRIBUTION. AS SUCH, THE BASIS IS NOT QUALIFIED BASIS.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

FORM 8886

PARTICIPATED IN TRANSACTION THROUGH  
ANOTHER ENTITY

STATEMENT 16

TRANSACTION NAME: SECTION 165 LOSS - ARCLIGHT

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S CORP	TRUST	FOREIGN	
ARCLIGHT VI INTERNATIONAL HOLDING SARL 98-1317401				X	NONE
AMPHORA INTERNATIONAL HOLDINGS, LLC 87-2785167	X				NONE

FORM 8886

STATEMENT 17

ARCLIGHT ENERGY PARTNERS FUND VI, LP PARTICIPATED IN THE TRANSACTION THROUGH ITS OWNERSHIP IN AMPHORA INTERNATIONAL HOLDINGS, LLC. ON DECEMBER 2ND, 2021 ARCLIGHT VI INTERNATIONAL HOLDING SARL ("SELLER"), A DISREGARDED ENTITY OWNED BY AMPHORA HOLDINGS, LLC SOLD 100% OF THE CAPITAL STOCK IN A CONTROLLED FOREIGN CORPORATION, AMPHORA CANADA GAS STORAGE ULC ("CFC"). THE BUYER ATCO ALBERTA STORAGE HUB LIMITED ("BUYER") AN UNRELATED THIRD PARTY, IS A CANADIAN LIMITED COMPANY. ARCLIGHT ENERGY PARTNERS FUND VI, LP HAS A 100% PROFIT AND LOSS INTEREST IN AMPHORA INTERNATIONAL HOLDINGS, LLC AND WAS THEREFORE ALLOCATED 100% OF THE CAPITAL LOSS FROM AMPHORA INTERNATIONAL HOLDINGS, LLC.

SELLER SOLD THE STOCK IN CFC FOR \$32,775,779. SELLER HAD A BASIS IN THE STOCK OF THE CFC OF \$46,771,491. THE BASIS WAS COMPRISED OF (1) AN ORIGINAL STOCK PURCHASE OF \$24,780,001, (2) A RETURN OF CAPITAL DISTRIBUTION IN 2016 OF \$1,678,408, (3) ADDITIONAL CAPITAL CONTRIBUTIONS OF \$1,000,000 IN 2017, AND (4) THE BALAN

FORM 8886

LIST OF INVOLVED ENTITIES AND INDIVIDUALS

STATEMENT 18

TRANSACTION NAME: SECTION 165 LOSS - ARCLIGHT

## NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
-----------------	------------	---------	---------	--------------------

X

ARCLIGHT VI INTERNATIONAL HOLDING SARL				98-1317401
--	--	--	--	------------

41 AVENUE DE LA GARE

LUXEMBOURG, LUXEMBOURG, L-1661

DESCRIPTION OF HOW RELATED:

AMPHORA INTERNATIONAL HOLDINGS, LLC WHOLLY OWNS ARCLIGHT VI INTERNATIONAL HOLDING COMPANY DISREGARDED FOR FEDERAL TAX PURPOSES. ARCLIGHT VI INTERNATIONAL HOLDING SARL WAS THE SELLER IN THE TRANSACTION.

X

ATCO ALBERTA STORAGE HUB LIMITED

5302 FORAND STREET SW

CALGARY, CANADA, T3E 8BY

DESCRIPTION OF HOW RELATED:

ATCO ALBERTA STORAGE HUB LIMITED IS A CANADIAN LIMITED COMPANY AND WAS THE BUYER IN THE TRANSACTION.

X

AMPHORA INTERNATIONAL HOLDINGS, LLC

200 CLARENDON STREET, 55TH FLOOR

BOSTON, MA 02116

DESCRIPTION OF HOW RELATED:

ARCLIGHT ENERGY PARTNERS FUND VI LP A DELAWARE LIMITED PARTNERSHIP HAS A 100% PROFIT AND LOSS INTEREST IN AMPHORA INTERNATIONAL HOLDINGS, LLC.

87-2785167

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Identifying number (see instructions) <b>41-1744184</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  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  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- 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 corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>HENDERSON PARK REAL ESTATE FUND I US TE LP</b>	<b>98-1399152</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>HENDERSON PARK REAL ESTATE FUND I B EU POOLING VEHICLE</b>	<b>5a</b> Identifying number, if any
--	--------------------------------------

<b>6</b> Address (including country) <b>11-15 SEATON PLACE ST HELIER, JE4 0QH JERSEY</b>	<b>5b</b> Reference ID number <b>018HENDE926XJE0</b>
---	---

**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?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**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	12/31/2021		136,309.		

**10** Was cash the only property transferred?  Yes  No  
 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

**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  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** 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  
 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						



- 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?  Yes  No
- c 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

**Supplemental Part III Information Required To Be Reported** (see instructions)  
**SEE STATEMENT 19**

**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 1.567 % (b) After 1.567 %
- 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.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  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) ► \$ \_\_\_\_\_  
 c 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  No

FORM 926

STATEMENT 19

(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  
\$136,309

(3) TRANSFEROR RECEIVED STOCK OF HENDERSON PARK REAL ESTATE FUND I B EU  
POOLING VEHICLE LTD, WITH THE FAIR MARKET VALUE OF \$136,309

(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 \$136,309

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

(6) THE TRANSFER WAS NOT AN EXCHANGE DESCRIBED IN I.R.C. SECTION 361(A) OR  
(B).