

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ 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.

OMB No. 1545-0047

**2018**Open to Public  
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2610 UNIVERSITY AVENUE WEST 500**City or town, state or province, country, and ZIP or foreign postal code  
**ST. PAUL, MN 55114****F** Name and address of principal officer: **ANNE CULLEN MILLER**  
**SAME AS C ABOVE****D** Employer identification number**41-1744184****E** Telephone number  
**651-389-0300****G** Gross receipts \$ **101,290,599.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CCF-MN.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1992** **M** State of legal domicile: **MN****Part I Summary**

<b>Activities &amp; Governance</b>	1 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>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>25</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>25</b>	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>19</b>	
	6	Total number of volunteers (estimate if necessary)	<b>37</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>-401,947.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 38	<b>-311,068.</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>28,748,536.</b>	<b>23,582,467.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,078,333.</b>	<b>1,100,770.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,119,411.</b>	<b>15,454,208.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>46,946,280.</b>	<b>40,137,445.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,641,903.</b>	<b>16,625,756.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,727,696.</b>	<b>1,886,354.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,358,285.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,024,003.</b>	<b>2,138,120.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,393,602.</b>	<b>20,650,230.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>29,552,678.</b>	<b>19,487,215.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>358,307,812.</b>	<b>377,915,332.</b>
	21	Total liabilities (Part X, line 26)	<b>191,498,630.</b>	<b>201,873,855.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>166,809,182.</b>	<b>176,041,477.</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.

**Sign Here** ▶ Signature of officer **ANNE CULLEN MILLER, PRESIDENT** Date

Type or print name and title

**Paid Preparer Use Only**

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

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

Firm's address ▶ **220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402** Phone no. **612-376-4500**

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

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Form 990 (2018)

41-1744184 Page 2

**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 \$ 16,944,770. including grants of \$ 16,625,756. ) (Revenue \$ 1,100,770. )  
THE FOUNDATION INSPIRES CATHOLIC PHILANTHROPY AND INVESTS, MANAGES, AND  
DISTRIBUTES CHARITABLE ASSETS AS GUIDED BY OUR DONORS AND OUR CATHOLIC  
IDENTITY.

THE FOUNDATION FACILITATES PLANNED AND CURRENT GIFTS TO ENDOWMENTS AND  
DONOR ADVISED FUNDS WHICH FINANCIALLY SUPPORT NEEDS IN OUR CATHOLIC  
COMMUNITY. IN THE PAST YEAR, OVER 874 CATHOLIC PARISHES, SCHOOLS AND  
OTHER ORGANIZATIONS BENEFITED FROM NEARLY 2,700 GRANTS FROM THE  
FOUNDATION, TOTALING \$16.6M.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 16,944,770.

Form 990 (2018)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 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>
4 <b>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>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
7 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>
8 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>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>X</b>	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
e 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>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
12a 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 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>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</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>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 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>
19 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>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 4

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>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 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 <b>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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 5

**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	<b>2a</b> 19		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	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)?	<b>4a</b>		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?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		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>6b</b>		
<b>7 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8822 filed during the year	<b>7d</b> 1		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<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>7h</b>		
<b>8 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?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 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.	<b>13a</b>		
<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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<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 instructions and file Form 4720, Schedule N.	<b>15</b>		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.	<b>16</b>		X

Form 990 (2018)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page **6**

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
<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 in Schedule O.	25											
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....		25										
<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? .....			X									
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....				X								
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X								
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X								
<b>6</b> Did the organization have members or stockholders? .....				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? .....				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? .....				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? .....				X								
<b>b</b> Each committee with authority to act on behalf of the governing body? .....				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 in Schedule O .....												X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....													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? .....													
<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? .....			X										
<b>b</b> Describe in 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 .....					X								
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....					X								
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....							X						
<b>13</b> Did the organization have a written whistleblower policy? .....							X						
<b>14</b> Did the organization have a written document retention and destruction policy? .....							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 .....								X					
<b>b</b> Other officers or key employees of the organization .....								X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....													
<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? .....												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? .....													

**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 in Schedule O)

**19** Describe in 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 MILLER - (651) 389-0881**  
**2610 UNIVERSITY AVENUE WEST, SUITE 500, ST. PAUL, MN 55114**

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 7

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if 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)	(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			
(1) ARCHBISHOP BERNARD HEBDA CHAIR	1.00	X		X				0.	0.	0.
(2) DAVID HEINSCH DIRECTOR	2.00	X						0.	0.	0.
(3) DOUG MILROY DIRECTOR	2.00	X						0.	0.	0.
(4) DR. MICHAEL F. SULLIVAN DIRECTOR	2.00	X						0.	0.	0.
(5) EDWARD J. KOCOUREK DIRECTOR	2.00	X						0.	0.	0.
(6) ELIZABETH KEYES DIRECTOR	2.00	X						0.	0.	0.
(7) EMERY KOENIG DIRECTOR	2.00	X						0.	0.	0.
(8) FRANK FORSBERG DIRECTOR	2.00	X						0.	0.	0.
(9) GEORGE C. LANG DIRECTOR	2.00	X						0.	0.	0.
(10) GREG MELSEN SECRETARY	2.00	X		X				0.	0.	0.
(11) JANE WYATT DIRECTOR	2.00	X						0.	0.	0.
(12) JOHN C. BEUERLEIN DIRECTOR	2.00	X						0.	0.	0.
(13) JOSEPHINE BAILEY DIRECTOR	2.00	X						0.	0.	0.
(14) JULIE GEREND DIRECTOR	2.00	X						0.	0.	0.
(15) JULIE K. HURLEY VICE CHAIR	2.00	X		X				0.	0.	0.
(16) KATE WENGER DIRECTOR	2.00	X						0.	0.	0.
(17) KATHY COONEY DIRECTOR	2.00	X						0.	0.	0.

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 8

**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)	(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			
(18) LARRY MCGOUGH DIRECTOR	2.00	X						0.	0.	0.
(19) MARIE PILLAI DIRECTOR	2.00	X						0.	0.	0.
(20) MARJORIE MATHISON-HANCE DIRECTOR	2.00	X						0.	0.	0.
(21) MARY E. SCHAFFNER DIRECTOR	2.00	X						0.	0.	0.
(22) MIMI DALY LARSON DIRECTOR	2.00	X						0.	0.	0.
(23) PAUL R. KNAPP, SR. DIRECTOR	2.00	X						0.	0.	0.
(24) REVEREND CHARLES LACHOWITZER DIRECTOR	2.00	X						0.	0.	0.
(25) STEVE LENTZ DIRECTOR	2.00	X						0.	0.	0.
(26) THOMAS A. LETSCHER DIRECTOR	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								705,159.	0.	70,345.
<b>d Total (add lines 1b and 1c)</b>								705,159.	0.	70,345.

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 100 PINE ST., SAN FRANCISCO, CA 94111	INVESTMENT MANAGER	245,696.
U.S. BANK INSTITUTIONAL TRUST & CUSTODY 60 LIVINGSTON AVENUE, ST. PAUL, MN 55107	CUSTODIAL FEES	173,802.
LCG ASSOCIATES 400 GALLERIA PARKWAY, ATLANTA, GA 30339	INVESTMENT ADVISOR	164,525.
ROTHSCHILD ASSET MANAGEMENT, 1251 AVENUE OF THE AMERICAS, NEW YORK, NY 10020	INVESTMENT MANAGER	151,588.
NUVEEN ASSET MANAGEMENT LLC 25604 NETWORK PLACE, CHICAGO, IL 60673-1256	INVESTMENT MANAGER	105,797.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>5</b>	

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

Form **990** (2018)



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184

Form 990

**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) THOMAS E. GAINOR DIRECTOR	2.00	X						0.	0.	0.
(28) THOMAS MCCARR TREASURER	2.00	X		X				0.	0.	0.
(29) THOMAS MERTENS DIRECTOR	2.00	X						0.	0.	0.
(30) WILLIAM FAULKNER DIRECTOR	2.00	X						0.	0.	0.
(31) ANNE CULLEN MILLER PRESIDENT	40.00			X				286,973.	0.	16,496.
(32) CASEY J SCOTT VP OF FINANCE AND ADMINISTRATION	40.00			X				27,991.	0.	5,420.
(33) CHRISTOPHER NELSON VP OF DEVELOPMENT & DONOR ENGAGEMENT	40.00			X				69,499.	0.	6,003.
(34) HELEN TWOMEY VP OF FINANCE AND ADMINISTRATION	40.00			X				77,101.	0.	4,930.
(35) MIKE RICCI DIRECTOR - PROFESSIONAL OUTREACH & I	40.00			X				142,049.	0.	30,623.
(36) BILL MARSELLA DIRECTOR OF RELATIONS	40.00					X		101,546.	0.	6,873.
Total to Part VII, Section A, line 1c								705,159.		70,345.

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page **9**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	23,582,467.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,551,346.				
	<b>h Total.</b> Add lines 1a-1f			23,582,467.			
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	541900	1,100,770.	1,100,770.		
	<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			1,100,770.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,735,230.		-401,947.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)					9,718,978.		9,718,978.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</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>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</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				40,137,445.	1,100,770.	-401,947.	15,856,155.

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 10

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,625,756.	16,625,756.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	814,559.	105,892.	301,387.	407,280.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	792,349.	110,188.	292,561.	389,600.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,721.	10,493.	28,342.	37,886.
9 Other employee benefits	103,943.	14,249.	38,396.	51,298.
10 Payroll taxes	98,782.	13,308.	36,510.	48,964.
11 Fees for services (non-employees):				
a Management				
b Legal	2,296.		2,296.	
c Accounting	35,093.		35,093.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,432,729.		1,432,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	128,831.	16,551.	49,346.	62,934.
12 Advertising and promotion	180,226.			180,226.
13 Office expenses	59,851.	8,163.	21,653.	30,035.
14 Information technology	94,764.	12,925.	34,284.	47,555.
15 Royalties				
16 Occupancy	116,036.	15,826.	41,980.	58,230.
17 Travel	6,898.	884.	2,555.	3,459.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,188.	665.	1,922.	2,601.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,391.	1,690.	4,483.	6,218.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & MEMBERSHIPS	30,269.	3,880.	11,212.	15,177.
b				
c				
d				
e All other expenses	33,548.	4,300.	12,426.	16,822.
25 Total functional expenses. Add lines 1 through 24e	20,650,230.	16,944,770.	2,347,175.	1,358,285.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 11

**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>	1 Cash - non-interest-bearing .....	1,951,557.	1	1,430,877.
	2 Savings and temporary cash investments .....	33,928,875.	2	10,043,319.
	3 Pledges and grants receivable, net .....	3,520,043.	3	2,424,595.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	204,604.	9	226,246.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	132,157.		
	10b Less: accumulated depreciation .....	68,829.		
		2,651.	10c	63,328.
	11 Investments - publicly traded securities .....	250,067,587.	11	286,937,558.
	12 Investments - other securities. See Part IV, line 11 .....	64,291,617.	12	72,064,020.
	13 Investments - program-related. See Part IV, line 11 .....	672,000.	13	925,455.
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	3,668,878.	15	3,799,934.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	358,307,812.	16	377,915,332.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	694,232.	17	754,755.
	18 Grants payable .....	609,500.	18	639,000.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	142,691,106.	21	148,069,573.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 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 .....	47,503,792.	25	52,410,527.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	191,498,630.	26	201,873,855.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	49,148,903.	27	52,812,338.
	28 Temporarily restricted net assets .....	27,673,741.	28	27,770,900.
	29 Permanently restricted net assets .....	89,986,538.	29	95,458,239.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	166,809,182.	33	176,041,477.	
34 <b>Total liabilities and net assets/fund balances</b> .....	358,307,812.	34	377,915,332.	

Form 990 (2018)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990 (2018)

41-1744184 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,137,445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,650,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,487,215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,809,182.
5	Net unrealized gains (losses) on investments	5	3,492,072.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,746,992.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	176,041,477.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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 in Schedule O.		
2a 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	2a	X
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	2b	X
c 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 in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2018)



## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 2

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,882,890.	13,764,026.	28,372,666.	28,748,536.	23,582,467.	108,350,585.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	13,882,890.	13,764,026.	28,372,666.	28,748,536.	23,582,467.	108,350,585.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,810,532.
6 <b>Public support.</b> Subtract line 5 from line 4.						83,540,053.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13,882,890.	13,764,026.	28,372,666.	28,748,536.	23,582,467.	108,350,585.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,442,527.	1,541,354.	1,725,027.	4,819,195.	6,137,177.	15,665,280.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	17,389.		21,926.			39,315.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						124,055,180.
12 Gross receipts from related activities, etc. (see instructions)					12	5,024,917.
13 <b>First five 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**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	67.34 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	67.27 %
16a <b>33 1/3% support test - 2018.</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 - 2017.</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"/>		
17a <b>10% -facts-and-circumstances test - 2018.</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 - 2017.</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"/>		
18 <b>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"/>		

Schedule A (Form 990 or 990-EZ) 2018

## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 3

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ..... ☐



## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 4

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 5

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 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)? 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).

	Yes	No
1		

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

- 1 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a		
3b		

## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 6

**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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

Schedule A (Form 990 or 990-EZ) 2018

## CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 7

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

CATHOLIC COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2018 OF MINNESOTA

41-1744184 Page 8

**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.)

Lined area for supplemental information.

# Schedule B

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

# Schedule of Contributors

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

OMB No. 1545-0047

# 2018

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
---	---

**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
<u>1</u>		\$ <u>4,468,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,052,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,771,199.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>872,259.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>731,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>703,000.</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>
---	---

**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
7		\$ 615,776.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
---	---

**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
4	1,585 SHRS OF EDWARD LIFESCIENCES, 14,732 SHRS AMERICAN FUNDS GROWTH FUND	\$ 872,259.	12/18/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	21,032 SHRS OF VARIOUS STOCKS	\$ 666,601.	02/06/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	8,229 SHRS OF VARIOUS STOCKS	\$ 615,776.	12/18/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1744184</b>
---	---

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

**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

**2018**

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 .....	285	
2 Aggregate value of contributions to (during year) .....	12,906,900.	
3 Aggregate value of grants from (during year) .....	10,884,944.	
4 Aggregate value at end of year .....	43,416,803.	
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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2018

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule D (Form 990) 2018

41-1744184 Page 2

**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 are a 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 programs  
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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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
1a Beginning of year balance	115,445,121.	100,991,070.	78,473,647.	78,126,577.	78,990,513.
b Contributions	5,122,863.	9,378,678.	15,200,107.	6,197,655.	5,061,890.
c Net investment earnings, gains, and losses	4,673,096.	8,396,297.	10,149,215.	-2,994,392.	-2,110,892.
d Grants or scholarships	4,157,343.	3,320,924.	2,831,899.	2,856,193.	3,814,934.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	121,083,737.	115,445,121.	100,991,070.	78,473,647.	78,126,577.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 4.58 %  
b Permanent endowment ☒ 73.31 %  
c Temporarily restricted endowment ☒ 22.11 %

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
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1a Land				
b Buildings				
c Leasehold improvements		10,200.	10,200.	0.
d Equipment		121,957.	58,629.	63,328.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,328.

Schedule D (Form 990) 2018

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule D (Form 990) 2018

41-1744184 Page 3

**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	183,097.	COST
(3) Other		
(A) HEDGE FUNDS AND PRIVATE		
(B) EQUITY INVESTMENTS	59,078,816.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENTS	12,014,258.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INTEREST IN		
(E) TRUST	506,135.	END-OF-YEAR MARKET VALUE
(F) MINERAL RIGHTS	281,714.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	72,064,020.	

**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	46,759,767.
(3) CHARITABLE GIFT ANNUITY AND	
(4) CHARITABLE REMAINDER TRUST	
(5) OBLIGATIONS	5,650,760.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	52,410,527.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Schedule D (Form 990) 2018

41-1744184 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements	1	27,238,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,492,072.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-9,811,896.
e	Add lines 2a through 2d	2e	-6,319,824.
3	Subtract line 2e from line 1	3	33,558,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,432,729.
b	Other (Describe in Part XIII.)	4b	5,146,214.
c	Add lines 4a and 4b	4c	6,578,943.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,137,445.

**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.

1	Total expenses and losses per audited financial statements	1	18,006,383.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,006,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,432,729.
b	Other (Describe in Part XIII.)	4b	1,211,118.
c	Add lines 4a and 4b	4c	2,643,847.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,650,230.

**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

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule D (Form 990) 2018

41-1744184 Page 5

**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 NON-PRIVATE FOUNDATION  
AND CONTRIBUTIONS TO THE FOUNDATION QUALIFY AS A CHARITABLE TAX DEDUCTION  
BY THE CONTRIBUTOR.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS IN VALUE OF SPLIT-INTEREST AGREEMENTS	-105,128.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS	-9,706,768.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-9,811,896.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RECEIVED FOR BENEFICIAL ENDOWMENTS	5,146,214.
--	------------

Schedule D (Form 990) 2018

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule D (Form 990) 2018

41-1744184 Page 5

**Part XIII** Supplemental Information (continued)

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

BENEFICIAL ENDOWMENTS

1,211,118.



**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

**2018**Open to Public  
InspectionName 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, pro- gram 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	34,316,909.
EUROPE	0	0	INVESTMENTS	N/A	7,047,858.
<b>3 a</b> Subtotal .....	0	0			41,364,767.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			41,364,767.

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

Schedule F (Form 990) 2018

7

	Schedule C Form 990	Part III Supplemental information	Section 513(c)(6) Charities	Other exempt organizations
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt				

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

### Part III

Part III can be duplicated if additional space is needed.

[illegible]

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule F (Form 990) 2018

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) 2018

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule F (Form 990) 2018

41-1744184 Page 5

**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

**2018**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
180 DEGREES 236 CLIFTON AVE. S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	21,200.	0.			BRITTANY'S PLACE
ABRIA PREGNANCY RESOURCES 2200 UNIVERSITY AVE. W. SUITE 160 ST. PAUL, MN 55114	41-1278207	501(C)(3)	61,204.	0.			ANNUAL GIFT
ACADEMY OF HOLY ANGELS 6600 NICOLLET AVE. SO. RICHFIELD, MN 55423	41-0696903	501(C)(3)	17,315.	0.			2018 - 2019 TUITION ASSISTANCE
AIM HIGHER FOUNDATION 2610 UNIVERSITY AVENUE WEST SUITE ST. PAUL, MN 55114	46-3935682	501(C)(3)	535,000.	0.			AAHF'S SCHOLARSHIP FUND
ALL SAINTS CATHOLIC CHURCH 19795 HOLYOKE AVE. LAKEVILLE, MN 55044	41-0705872	501(C)(3)	5,000.	0.			DEBT REDUCTION
ALLIANCE DEFENDING FREEDOM - UNDECIDED - 10115 EAST BELL ROAD, SUITE 107 #614 - SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	5,100.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							357.
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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA  
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA WOMEN'S CENTER PO BOX 435 SAVAGE, MN 55378	41-1560473	501(C)(3)	12,600.	0.			GENERAL SUPPORT
AMERICAN INDIAN COMMUNITY DEVELOPMENT CORPORATION - AICDC - 1508 EAST FRANKLIN AVENUE - MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	20,000.	0.			FUND 2 NAVIGATORS DEFENDING THE DIGNITY AND LEGAL RIGHTS OF ALL HUMAN LIFE AT EVERY STAGE OF LIFE.
AMERICANS UNITED FOR LIFE 2101 WILSON BOULEVARD, SUITE 525 ARLINGTON, VA 22201	36-3906065	501(C)(3)	25,000.	0.			
AMICUS - VOLUNTEERS OF AMERICA 7625 METRO BLVD EDINA, MN 55439	41-1554078	501(C)(3)	20,000.	0.			AMICUS PAYMENT OF TAXES AND INSURANCE ON AND TO THE MAINTENANCE, UPKEEP AND REPAIR OF THE REAL ESTATE BENEFIT THE ARCHDIOCESE OF ST. PAUL AND MINNEAPOLIS FOR GENERAL CHARITABLE PURPOSE
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET NORTH - SAINT PAUL, MN 55106	41-0693908	501(C)(3)	49,204.	0.			
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET NORTH - SAINT PAUL, MN 55106	41-0729969	501(C)(3)	27,200.	0.			
ARM IN ARM IN AFRICA 2950 DEAN PARKWAY SUITE 1405 MINNEAPOLIS, MN 55416	43-2112528	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
ASCENSION CATHOLIC ACADEMY 1726 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	332,665.	0.			GENERAL SUPPORT AND BRIDGE FUNDING FOR ST. PETER CLAVER
AUGUSTINE INSTITUTE 6160 S. SYRACUSE WAY #310 GREENWOOD VILLAGE, CO 80111	20-2349108	501(C)(3)	31,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNACH SCHOOL PTO 5400 WALTER STREET STEVENS POINT, WI 54482	39-1703956	501(C)(3)	6,950.	0.			GENERAL SUPPORT
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	15,300.	0.			GENERAL OPERATING
BASILICA OF SAINT MARY 88 NORTH 17TH STREET MINNEAPOLIS, MN 55403	41-0695501	501(C)(3)	8,873.	0.			GENERAL OPERATING NEEDS
BEACON INTERFAITH HOUSING 2610 UNIVERSITY AVE WEST #100 SAINT PAUL, MN 55114	41-1953599	501(C)(3)	13,500.	0.			ANGEL DONATION 66TH WEST
BENEDICTINE COLLEGE OFFICE OF ADVANCEMENT, 1020 NORTH S ATCHISON, KS 66002	48-0777079	501(C)(3)	22,900.	0.			FINANCIAL STEWARDSHIP: COLLEGE MINISTRY
BENILDE-ST. MARGARET SCHOOL 2501 HIGHWAY 100 SOUTH ST. LOUIS PARK, MN 55416	41-1240936	501(C)(3)	328,100.	0.			GENERAL SUPPORT
BETHLEHEM ACADEMY 105 - 3RD AVENUE S.W. FARIBAULT, MN 55021	41-1794765	501(C)(3)	27,500.	0.			FUND A NEED PROJECT
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES - 2550 UNIVERSITY AVENUE WEST, SUITE 410 N - ST. PAUL, MN 55114	32-0017737	501(C)(3)	11,000.	0.			GENERAL OPERATIONS
BLESSED TRINITY CATHOLIC SCHOOL 6720 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-1787370	501(C)(3)	19,025.	0.			TUITION ASSISTANCE

Schedule I (Form 990)



# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON COLLEGE CADIGAN ALUMNI CENTER, 140 COMMONWEALTH AVENUE - CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	6,300.	0.			MEN'S RUGBY & FLYNN FUND
BOYS & GIRLS CLUBS OF THE TWIN CITIES - ADMINISTRATIVE CENTER, 690 JACKSON STREET - ST. PAUL, MN 55130	41-0842657	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CAF AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	22,250.	0.			GRANT RECIPIENT IS MANEPO IN MALAWI TO SUPPORT THE GOAT PROJECT INCLUDING PROCUREMENT,
CAMP CAMBRIA FOUNDATION 805 ENTERPRISE DRIVE EAST SUITE H BELLE PLAINE, MN 56011	47-4296984	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
CAMP FIRE MINNESOTA 4829 MINNETONKA BLVD., SUITE 202 MINNEAPOLIS, MN 55416	41-0706116	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
CANA FAMILY INSTITUTE 7301 BASS LAKE ROAD CRYSTAL, MN 55428	45-5000221	501(C)(3)	6,750.	0.			2019 CANA BANQUET
CATHEDRAL HERITAGE FOUNDATION 380 JACKSON STREET SUITE 287 ST. PAUL, MN 55101	26-0275248	501(C)(3)	5,100.	0.			AS NEEDED FOR UPKEEP OF HISTORIC CATHEDRAL
CATHEDRAL SCHOOL 1419 BAXTER AVENUE SUPERIOR, WI 54880	39-0808459	501(C)(3)	11,800.	0.			TUITION ASSISTANCE FOR STUDENTS
CATHOLIC BISHOP OF NORTHERN ALASKA/DIOCESE OF FAIRBANKS - 1312 PEGGER ROAD - FAIRBANKS, AK 99709	92-0019215	501(C)(3)	5,200.	0.			GENERAL SUPPORT

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	483,011.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES-USA 2050 BALLENGER AVENUE, SUITE 400 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CATHOLIC EXTENSION SOCIETY 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	5,637.	0.			FURTHERANCE OF CHARITABLE PURPOSES
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21298	13-5563422	501(C)(3)	196,654.	0.			GENERAL SUPPORT
CATHOLIC RURAL LIFE UNIVERSITY OF ST. THOMAS, MAIL # 4080, 2115 SUMMIT AVENUE - ST. PAUL, MN 551	42-0752630	501(C)(3)	204,400.	0.			GENERAL SUPPORT
CATHOLIC SCHOOLS CENTER OF EXCELLENCE - CSCOE - 6600 FRANCE AVE S, SUITE 520 - EDINA, MN 55435	47-3560859	501(C)(3)	16,140.	0.			(3R'S) RECRUIT, RETAIN AND REWARD SCHOOL LEADERS
CATHOLIC SERVICES APPEAL FOUNDATION - 12805 HIGHWAY 55 SUITE #210 - PLYMOUTH, MN 55441	46-4321593	501(C)(3)	249,068.	0.			GENERAL SUPPORT
CATHOLIC SERVICES APPEAL FOUNDATION - 12805 HIGHWAY 55 SUITE #210 - PLYMOUTH, MN 55441	42-0718330	501(C)(3)	16,400.	0.			2018 GIFT
CATHOLIC YOUTH CAMP 2233 HAMLINE AVE. SUITE B1 ROSEVILLE, MN 55113	41-6006820	501(C)(3)	9,000.	0.			ENDOWMENT FUND

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MISSION 777 FOREST STREET NORTH ST. PAUL, MN 55106	41-0905312	501(C)(3)	12,100.	0.			SUPPORT OF ON-GOING GLOBAL MISSION PARTNERSHIP
CENTER OF THE AMERICAN EXPERIMENT 8421 WAYZATA BOULEVARD SUITE 110 GOLDEN VALLEY, MN 55426	36-3611426	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHESTERTON ACADEMY 1320 MAINSTREET HOPKINS, MN 55343	38-3773629	501(C)(3)	10,875.	0.			2018 - 2019 TUITION ASSISTANCE
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	10,000.	0.			SOAR LEADERSHIP COUNCIL
CHILDREN'S MINNESOTA FOUNDATION MAIL STOP CBC-3-FOUN, 5901 LINCOLN EDINA, MN 55436	41-1814223	501(C)(3)	1,431,000.	0.			ENDOWED CHAIR, PATIENT CARE AND RESEARCH
CHRIST THE KING RETREAT CENTER 621 FIRST AVENUE SOUTH BUFFALO, MN 55313	52-2133730	501(C)(3)	6,000.	0.			CURRENT NEEDS
CHRISTIAN BROTHERS OF THE MIDWEST DISTRICT - DEVELOPMENT OFFICE, 7650 SOUTH COUNTY LINE ROAD - BURR RIDGE, IL 60521	41-0872557	501(C)(3)	8,714.	0.			HEALTHCARE AND RETIREMENT NEEDS
CHURCH OF CORPUS CHRISTI 2131 FAIRVIEW AVE. N ROSEVILLE, MN 55113	41-0705812	501(C)(3)	18,500.	0.			APRIL/MAY CONTRIBUTIONS
CHURCH OF OUR LADY OF GRACE 5071 EDEN AVENUE EDINA, MN 55436	41-0705765	501(C)(3)	161,284.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	CHURCH OF OUR LADY OF GRACE 5071 EDEN AVENUE EDINA, MN 55436	41-0693967	501(C)(3)	44,433.	0.			GENERAL SUPPORT
	CHURCH OF OUR LADY OF GUADALUPE 401 CONCORD STREET ST. PAUL, MN 55107	41-0705766	501(C)(3)	5,250.	0.			STEBENVILLE YOUTH CONFERENCE IN ROCHESTER
	CHURCH OF SAINT AMBROSE OF WOODBURY - 4125 WOODBURY DRIVE - WOODBURY, MN 55129	41-1905541	501(C)(3)	113,506.	0.			TUITION ASSISTANCE FOR STUDENTS ATTENDING ST. AMBROSE OF WOODBURY CATHOLIC SCHOOL
	CHURCH OF SAINT AMBROSE OF WOODBURY - 4125 WOODBURY DRIVE - WOODBURY, MN 55129	41-0777935	501(C)(3)	6,800.	0.			GENERAL SUPPORT
	CHURCH OF ST. ANASTASIA 460 LAKE ST. SW HUTCHINSON, MN 55350-2349	41-1570394	501(C)(3)	60,100.	0.			USE BY THE CHURCH FOR GENERAL PARISH NEEDS
	CHURCH OF ST. ANNE 200 HAMEL ROAD, P.O. BOX 256 HAMEL, MN 55340	41-0877635	501(C)(3)	15,000.	0.			CARE FUND
	CHURCH OF ST. BERNARD 1160 WOODBRIDGE STREET ST. PAUL, MN 55117	41-0757844	501(C)(3)	7,686.	0.			PROGRAM FOR KARENNI REFUGEES AND IMMIGRANTS
	CHURCH OF ST. CECILIA 2357 BAYLESS PLACE ST. PAUL, MN 55114	41-0829141	501(C)(3)	5,300.	0.			SUPPORTING THE GENERAL NEEDS OF ST. CECILIA
	CHURCH OF ST. CECILIA 2357 BAYLESS PLACE ST. PAUL, MN 55114	41-0845399	501(C)(3)	93,381.	0.			2019 BUILDING FUND

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. HELENA 3204 EAST 43RD STREET MINNEAPOLIS, MN 55406	41-0694739	501(C)(3)	43,000.	0.			CAPITAL IMPROVEMENTS AND/OR SUPPORT OF OTHER PARISH PROGRAMS
CHURCH OF ST. HUBERT 8201 MAIN STREET CHANHASSEN, MN 55317-9647	41-0789368	501(C)(3)	18,500.	0.			MAINTAINING, IMPROVING AND SUPPORTING THE RELIGIOUS AND EDUCATIONAL PROGRAMS AND ACTIVITIES
CHURCH OF ST. HUBERT 8201 MAIN STREET CHANHASSEN, MN 55317-9647	41-0799304	501(C)(3)	22,500.	0.			2019 PART OF GIFT FOR LAND PURCHASE
CHURCH OF ST. JOHN THE BAPTIST 680 MILL STREET EXCELSIOR, MN 55331	41-0721661	501(C)(3)	22,100.	0.			SUPPORTING THE PARISH OPERATING FUND
CHURCH OF ST. JOHN THE BAPTIST 835 - 2ND AVE. N.W. NEW BRIGHTON, MN 55112	41-0732798	501(C)(3)	61,040.	0.			GENERAL PARISH SUPPORT
CHURCH OF ST. JOHN THE BAPTIST 4625 WEST 125TH STREET SAVAGE, MN 55378	41-0791350	501(C)(3)	24,180.	0.			GENERAL SUPPORT
CHURCH OF ST. JOHN THE BAPTIST 835 - 2ND AVE. N.W. NEW BRIGHTON, MN 55112	41-0718324	501(C)(3)	10,600.	0.			UNRESTRICTED
CHURCH OF ST. JOHN VIANNEY 789 - 17TH AVENUE NORTH SOUTH ST. PAUL, MN 55075	41-0706913	501(C)(3)	5,314.	0.			GENERAL
CHURCH OF ST. JOSEPH 6 INTERLACHEN ROAD HOPKINS, MN 55343	41-0721665	501(C)(3)	7,200.	0.			EDUCATIONAL PROGRAMS

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. JUDE OF THE LAKE 700 MAHOMEDI AVENUE MAHOMEDI, MN 55115	41-0764101	501(C)(3)	34,250.	0.			GENERAL SUPPORT
CHURCH OF ST. MARK 2001 DAYTON AVE. ST. PAUL, MN 55104	41-0694739	501(C)(3)	95,600.	0.			GENERAL SUPPORT FOR THE BENEFIT OF THE CHURCH
CHURCH OF ST. MARK 2001 DAYTON AVE. ST. PAUL, MN 55104	41-0695519	501(C)(3)	47,300.	0.			ANNUAL GIFT
CHURCH OF ST. MARY 420 IRVING STREET ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	5,000.	0.			GENERAL FUND
CHURCH OF ST. MARY 261 EAST 8TH STREET ST. PAUL, MN 55101	41-0744076	501(C)(3)	12,000.	0.			GENERAL FUND
CHURCH OF ST. MARY 423 SOUTH 5TH STREET STILLWATER, MN 55082	41-0782871	501(C)(3)	5,250.	0.			CARE AND SHARE PROVIDING FINANCIAL ASSISTANCE FOR THE SCHOOL AS WELL AS TO SUPPORT THE RELIGIOUS AND EDUCATIONAL
CHURCH OF ST. MARY OF BIRD ISLAND PO BOX 500 BIRD ISLAND, MN 55310	41-1223312	501(C)(3)	10,400.	0.			
CHURCH OF ST. MARY OF THE LAKE 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	16,500.	0.			DISCRETIONARY FUNDS
CHURCH OF ST. MATTHEW 490 HALL AVENUE SAINT PAUL, MN 55104	41-0777907	501(C)(3)	11,400.	0.			PROMOTING THE EDUCATIONAL MINISTRY OF THE PARISH AS WELL AS THE SCHOOL

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. MICHAEL 611 SOUTH 3RD STREET STILLWATER, MN 55082	41-0742511	501(C)(3)	50,500.	0.			THOSE PURPOSES DESIGNATED BY THE BOARD OF DIRECTORS OF THE PARISH
CHURCH OF ST. MICHAEL 22120 DENMARK AVE. FARMINGTON, MN 55024	41-0704479	501(C)(3)	5,700.	0.			CARE AND SHARE
CHURCH OF ST. ODILIA 3495 VICTORIA STREET NORTH SHOREVIEW, MN 55126	41-0837655	501(C)(3)	25,100.	0.			2019 SUNDAY CONTRIBUTION
CHURCH OF ST. PASCAL BAYLON 1757 CONWAY STREET ST. PAUL, MN 55106	41-0773789	501(C)(3)	40,700.	0.			THE OPERATING NEEDS OF THE PARISH
CHURCH OF ST. PATRICK 6820 ST. PATRICK'S LANE EDINA, MN 55439	41-0856353	501(C)(3)	123,500.	0.			EDUCATIONAL PURPOSES AT THE PARISH
CHURCH OF ST. PATRICK 19921 NIGHTINGALE STREET NW OAK GROVE, MN 55011	41-1230136	501(C)(3)	109,200.	0.			THE BUILDING OF NEW FACILITIES AND/OR ADDITIONS TO THE PHYSICAL PLANT
CHURCH OF ST. PATRICK 3535 - 72ND STREET EAST INVER GROVE HEIGHTS, MN 55076	41-0718325	501(C)(3)	6,400.	0.			CELTIC CIRCLE
CHURCH OF ST. PATRICK 1095 DESOTO STREET ST. PAUL, MN 55130	41-0789368	501(C)(3)	6,100.	0.			GENERAL SUPPORT
CHURCH OF ST. PETER P.O. BOX #50679 MENDOTA, MN 55150	41-0732219	501(C)(3)	5,000.	0.			THE RELIGIOUS EDUCATION AND GENERAL EDUCATION PROGRAMS SPONSORED AND ADMINISTERED BY THE

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. PETER 1250 S SHORE DRIVE FOREST LAKE, MN 55025-1999	41-0790147	501(C)(3)	12,400.	0.			2018-2019 REPLACEMENT WINDOWS CAMPAIGN
CHURCH OF ST. PHILIP 821 E 5TH STREET LITCHFIELD, MN 55355	46-4321593	501(C)(3)	20,600.	0.			SUPPORT OF THE CHARITABLE PURPOSES OF THE CHURCH OF ST. PHILIP AND ITS MINISTRIES
CHURCH OF ST. PIUS X 3878 HIGHLAND AVENUE WHITE BEAR LAKE, MN 55110	41-0789375	501(C)(3)	22,400.	0.			SUPPORT THE GENERAL NEEDS OF THE PARISH
CHURCH OF ST. RAPHAEL 7301 BASS LAKE RD CRYSTAL, MN 55428	41-0729961	501(C)(3)	17,600.	0.			GENERAL SUPPORT OF THE SCHOOL AND FOR THE CHURCH'S GENERAL FUND
CHURCH OF ST. RICHARD 7540 PENN AVENUE SOUTH RICHFIELD, MN 55423	41-0747179	501(C)(3)	16,500.	0.			CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES
CHURCH OF ST. RITA 8694 80TH STREET SOUTH COTTAGE GROVE, MN 55016	41-0907761	501(C)(3)	11,000.	0.			NCYC SCHOLARSHIP SUPPORT
CHURCH OF ST. STEPHEN 2211 CLINTON AVENUE S MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	18,892.	0.			THE GENERAL SUPPORT OF ST. STEPHEN'S CATHOLIC CHURCH
CHURCH OF ST. STEPHEN 2211 CLINTON AVENUE S MINNEAPOLIS, MN 55404	41-0764081	501(C)(3)	14,000.	0.			GENERAL SUPPORT GENERAL SUPPORT AND SUPPORTING THE GENERAL NEEDS OF THE GOOD SAMARITAN PROGRAM
CHURCH OF ST. THERESE 18323 MINNETONKA BLVD. DEERHAVEN, MN 55391-3294	41-0789390	501(C)(3)	18,900.	0.			

Schedule I (Form 990)



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. THOMAS MORE 1079 SUMMIT AVENUE ST. PAUL, MN 55105	41-0694738	501(C)(3)	53,200.	0.			ANNUAL GIFT
CHURCH OF ST. THOMAS THE APOSTLE 2914 W. 44TH STREET MINNEAPOLIS, MN 55410	41-0798539	501(C)(3)	13,400.	0.			1ST GIFT FOR THE CAPITAL CAMPAIGN
CHURCH OF ST. TIMOTHY 707 - 89TH AVENUE NE BLAINE, MN 55434-2399	41-0829141	501(C)(3)	9,400.	0.			GENERAL SUPPORT OF THE CHURCH OF ST. TIMOTHY
CHURCH OF ST. VICTORIA 8228 VICTORIA DRIVE VICTORIA, MN 55386	41-0724054	501(C)(3)	17,500.	0.			CAPITAL CAMPAIGN
CHURCH OF THE ANNUNCIATION 509 WEST 54TH STREET MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	73,300.	0.			FURTHERANCE OF CHARITABLE PURPOSES
CHURCH OF THE ASSUMPTION 51 - 7TH STREET WEST ST. PAUL, MN 55102	41-0694736	501(C)(3)	21,300.	0.			GENERAL SUPPORT AND ANNUAL FUND
CHURCH OF THE ASSUMPTION 305 EAST 77TH STREET RICHFIELD, MN 55423	41-0773769	501(C)(3)	5,900.	0.			MAINTAINING, IMPROVING, AND SUPPORTING THE OPERATION OF THE CEMETERY, INCLUDING
CHURCH OF THE HOLY CROSS 1621 UNIVERSITY AVE. NE MINNEAPOLIS, MN 55413	41-0695502	501(C)(3)	535,025.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY NAME 3637 11TH AVE S MINNEAPOLIS, MN 55407	41-0693908	501(C)(3)	17,500.	0.			THE SPIRITUAL AND TEMPORAL GOOD OF THE CHURCH

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE HOLY NAME OF JESUS 155 COUNTY ROAD 24 WAYZATA, MN 55391	41-0845399	501(C)(3)	6,002.	0.			GENERAL SUPPORT AND TO BE USED FOR FINANCIAL SUPPORT FOR THE POOR
CHURCH OF THE HOLY NAME OF JESUS 155 COUNTY ROAD 24 WAYZATA, MN 55391	41-0830644	501(C)(3)	5,100.	0.			GENERAL CHURCH SUPPORT
CHURCH OF THE HOLY ROSARY 2424 - 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41-0731799	501(C)(3)	25,600.	0.			FAITH FORMATION
CHURCH OF THE HOLY SPIRIT 512 SOUTH ALBERT STREET ST. PAUL, MN 55105	41-0705768	501(C)(3)	22,100.	0.			THE FINANCIAL NEEDS OF THE PARISH AND/OR SCHOOL
CHURCH OF THE HOLY TRINITY 749 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	22,750.	0.			GENERAL SUPPORT
CHURCH OF THE IMMACULATE CONCEPTION - 202 ALABAMA STREET SE - LONSDALE, MN 55046	41-0837975	501(C)(3)	6,100.	0.			ON-GOING GENERAL OPERATING NEEDS OF THE PARISH
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BLVD - MINNETONKA, MN 55345	41-0718324	501(C)(3)	9,900.	0.			THE GENERAL OPERATING FUND
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BLVD - MINNETONKA, MN 55345	41-0732798	501(C)(3)	32,100.	0.			GENERAL
CHURCH OF THE NATIVITY OF MARY 9900 LYNDALE AVE S BLOOMINGTON, MN 55420	41-0734772	501(C)(3)	5,900.	0.			THE RELIGIOUS, CHARITABLE AND EDUCATIONAL PROGRAMS OF THE CHURCH

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE PRESENTATION/BLESSED VIRGIN MAR - 1725 KENNARD STREET - MAPLEWOOD, MN 55109	41-0707559	501(C)(3)	13,300.	0.			THE GENERAL OPERATING NEEDS OF THE PARISH
CITY HOUSE 1730 NEW BRIGHTON BLVD #253 MINNEAPOLIS, MN 55413	41-1731577	501(C)(3)	6,200.	0.			GENERAL FUND
CLAP FOR JESUS, INC 10945 STATE BRIDGE ROAD SUITE 401 ALPHARETTA, GA 30022	20-3885146	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CLERICS OF ST. VIATOR 1212 EAST EUCLID STREET ARLINGTON HEIGHTS, IL 60004	36-2240488	501(C)(3)	20,000.	0.			FOR THE VIATORIANS AND THEIR OUTREACH MINISTRIES
COLLEGE OF SAINT BENEDICT 37 SOUTH COLLEGE AVENUE ST. JOSEPH, MN 56374-2099	41-0969244	501(C)(3)	159,200.	0.			ANNUAL SUPPORT
COMMON HOPE 1400 ENERGY PARK DRIVE SUITE 23 SAINT PAUL, MN 55108	41-1560297	501(C)(3)	13,460.	0.			GENERAL FUND
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	41-1260469	501(C)(3)	31,700.	0.			GENERAL SUPPORT
COMMUNITY BIBLE STUDY - RWANDA 790 STOUT ROAD COLORADO SPRINGS, CO 80921	51-0233462	501(C)(3)	10,000.	0.			RWANDA
COMMUNITY EMERGENCY SERVICE / MEALS ON WHEELS - 1900 11TH AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	8,000.	0.			MEALS ON WHEELS & HOME DELIVERY

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OF CHRIST THE REDEEMER 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1511840	501(C)(3)	65,600.	0.			GENERAL SUPPORT
COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL - 335 HURLEY AVENUE EAST - WEST ST. PAUL, MN 55118	45-4804818	501(C)(3)	35,900.	0.			TUITION ASSISTANCE
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	7,200.	0.			MONTHLY GIFT FOR GENERAL SUPPORT OF MINISTRY
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-1952989	501(C)(3)	11,307.	0.			ABLE AND ADAPTIVE FITNESS PROGRAM
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416	501(C)(3)	6,437.	0.			GENERAL FUND
CRADLE OF HOPE 1970 OAKCREST AVE. SUITE #104 ROSEVILLE, MN 55113	23-7349015	501(C)(3)	10,995.	0.			2019 GIFT
CRETIN-DERHAM HALL HIGH SCHOOL 550 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-1570394	501(C)(3)	176,250.	0.			GENERAL SUPPORT
CRETIN-DERHAM HALL HIGH SCHOOL 550 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705833	501(C)(3)	9,300.	0.			\$1,000 ROBOTICS PROGRAM, \$3,000 WRESTLING TEAM, GENERAL SUPPORT
CRISTO REY JESUIT HIGH SCHOOL 2924 4TH AVENUE S MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	205,200.	0.			GENERAL FUND DONATION

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROHN'S & COLITIS FOUNDATION-MINNESOTA - 2277 HIGHWAY 36 W, SUITE 170 - ROSEVILLE, MN 55113-3850	13-6193105	501(C)(3)	26,475.	0.			\$25,000 CROHN'S RESEARCH; \$1,000 CAMP OASIS, GENERAL SUPPORT
CROSS CATHOLIC OUTREACH 2700 N. MILITARY TRAIL, SUITE 240, P.O. BOX 273908 - BOCA RATON, FL 33427-39	65-1156061	501(C)(3)	5,700.	0.			DONATION
CROSSINGS COMMUNITY CHURCH 14600 NORTH PORTLAND AVENUE OKLAHOMA CITY, OK 73134	73-6082499	501(C)(3)	14,000.	0.			GENERAL SUPPORT
CRU FOUNDATION/CAMPUS CRUSADE FOR CHRIST - PO BOX 628222 - ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	8,450.	0.			SUPPORT OF MARRIAGE MINISTRY
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET SUITE 200 WELLESLEY, MA 02481	52-2396428	501(C)(3)	5,000.	0.			RESEARCH TO FIND A CURE FOR ALZHEIMERS DISEASE
DELASALLE HIGH SCHOOL ONE DELASALLE DRIVE MINNEAPOLIS, MN 55401	41-0705834	501(C)(3)	18,100.	0.			2018 - 2019 TUITION ASSISTANCE
DENVER KIDS INC. 1860 LINCOLN STREET 9TH FLOOR DENVER, CO 80203	84-1244211	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DIOCESE OF DULUTH, MN 2830 EAST 4TH STREET DULUTH, MN 55812	41-1941181	501(C)(3)	22,050.	0.			FINANCIAL SUPPORT OF PRIESTS CURRENTLY IN RETIREMENT
DIVINE MERCY CATHOLIC CHURCH 139 MERCY DRIVE FARIBAULT, MN 55021-6029	81-0572840	501(C)(3)	16,000.	0.			ANNUAL SUPPORT

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE MERCY CATHOLIC SCHOOL OF FARIBAULT - 15 SW 3RD AVENUE - FARIBAULT, MN 55021	41-0954118	501(C)(3)	18,000.	0.			SCHOLARSHIP FUNDRAISER
DIVINE WORD MISSIONARIES MISSION CENTER, P.O. BOX 6099 TECHNY, IL 60082	36-2379644	501(C)(3)	56,000.	0.			MISSION CHAPEL GRANT
DOGS AND CATS OF THE DOMINICAN REPUBLIC, INC. - 14379 95TH AVENUE NORTH - MAPLE GROVE, MN 55369	46-3744620	501(C)(3)	42,000.	0.			GRANT WILL BE USED BY THE ORGANIZATION SOLELY FOR THE CONSTRUCTION COSTS TO BUILD AN ANIMAL SANCTUARY
DOMINICAN SISTERS OF ST. CECILIA CONGREGATION - 801 DOMINICAN DRIVE - NASHVILLE, TN 37228-1909	62-0552181	501(C)(3)	5,200.	0.			EDUCATION
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 55403	41-0693856	501(C)(3)	11,000.	0.			GENERAL SUPPORT
EAST SIDE ELDERS 463 MARIA AVENUE ST. PAUL, MN 55106	26-3060419	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ELEVATE LIFE (TLC OPTIONS) 2600 EAGAN WOODS DRIVE, SUITE 110 EAGAN, MN 55121	23-7401466	501(C)(3)	8,650.	0.			GENERAL SUPPORT
EPARCHY OF SAINT MARON 109 REMSEN STREET BROOKLYN, NY 11201	11-3233189	501(C)(3)	100,000.	0.			GENERAL SUPPORT FOR CATHOLICS IN DAMASCUS
EPIPHANY SCHOOL 11001 HANSON BLVD. COON RAPIDS, MN 55433	41-0880245	501(C)(3)	11,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FEST MINISTRIES 140 WEST 98TH STREET SUITE 206 BLOOMINGTON, MN 55420	41-1985709	501(C)(3)	10,350.	0.			GENERAL SUPPORT
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	8,200.	0.			CONTRIBUTION
FOCUS-FELLOWSHIP OF CATHOLIC UNIV. STUDENTS - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	137,600.	0.			CAPITAL CAMPAIGN GIFT
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSES
FOLDS OF HONOR FOUNDATION - MINNESOTA - 372 FERNDAL ROAD SOUTH - WAYZATA, MN 55391	46-5531485	501(C)(3)	6,800.	0.			GENERAL OPERATING CONDITIONS
FRANCISCAN BROTHERS OF PEACE QUEEN OF PEACE PRIARY, 1289 LAFOND ST. PAUL, MN 55104	41-1577838	501(C)(3)	7,550.	0.			ANNUAL GIFT
FRANCISCAN RETREATS 16385 ST. FRANCIS LANE PRIOR LAKE, MN 55372	41-0831056	501(C)(3)	10,500.	0.			OPERATIONS OF RETREATS AND RETREAT HOUSES
FRASSATI CATHOLIC ACADEMY 4690 BALD EAGLE AVE WHITE BEAR LAKE, MN 55110-3441	46-3494121	501(C)(3)	11,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
FRATERNUS INC. 1824 EAST MAIN STREET SUITE J EASLEY, SC 29640	26-0873205	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	FRIENDS OF EAST AFRICA FOUNDATION 2130 SUMMIT AVENUE SAINT PAUL, MN 55105	46-1673385	501(C)(3)	54,750.	0.			HOSPITAL SUPPORT AND A PARTIAL SCHOLARSHIP
	FRIENDS OF SAN LUCAS 4679 CAMBRIDGE DRIVE EAGAN, MN 55122	46-1321032	501(C)(3)	5,350.	0.			GENERAL SUPPORT
	FRIENDS OF THE FOLDS OF HONOR FOUNDATION - 24 FIRTH ROAD - INVERNESS, IL 60067	45-5382465	501(C)(3)	7,100.	0.			GENERAL OPERATING PURPOSES
	FRIENDS OF THE NOBLES COUNTY LIBRARY - C/O NOBLES COUNTY LIBRARY, 407 12TH STREET - WORTHINGTON, MN 56187	41-1641925	501(C)(3)	7,500.	0.			NOBLES COUNTY LIBRARY: NEW OR EXISTING LIBRARY
	FRIENDS OF THE WINDOM LIBRARY 904 4TH AVE WINDOM, MN 56101	36-3374299	501(C)(3)	7,500.	0.			WINDOM PUBLIC LIBRARY: IMPROVEMENTS FOR JUVENILE AREA
	GILLETTE CHILDREN'S HOSPITAL FOUNDATION - 200 UNIVERSITY AVE E - SAINT PAUL, MN 55101	41-1200302	501(C)(3)	6,000.	0.			GENERAL OPERATING NEEDS
	GOODWILL-EASTER SEALS MINNESOTA NW 5798, P.O. BOX 1450 MINNEAPOLIS, MN 55485	41-0706171	501(C)(3)	50,000.	0.			OPERATIONS
	GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	5,750.	0.			GENERAL SUPPORT
	GUARDIAN ANGELS SCHOOL 217 WEST 2ND STREET CHASKA, MN 55318	41-0785167	501(C)(3)	33,000.	0.			DEVELOPMENT/ENROLLMENT STAFF COSTS

Schedule I (Form 990)



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	GUEST HOUSE, MI 1601 JOSLYN ROAD LAKE ORION, MI 48360	38-1557146	501(C)(3)	9,648.	0.			FURTHERANCE OF ITS CHARITABLE PURPOSES
	GUTHRIE THEATER FOUNDATION 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	25,400.	0.			ANNUAL FUND
	HABITAT FOR HUMANITY TWIN CITIES 1954 UNIVERSITY AVE W SAINT PAUL, MN 55104	36-3363171	501(C)(3)	9,523.	0.			50% WOMEN BUILD 50% GREATEST NEED
	HEALEY EDUCATION FOUNDATION 89 NORTH HADDON AVE SUITE C HADDONFIELD, NJ 08033-2414	22-3589468	501(C)(3)	150,440.	0.			2ND COHORT OF HEALEY SCHOOLS IN THE ARCHDIOCESE OF ST. PAUL AND MINNEAPOLIS
	HESHIMA ASSOCIATION PO BOX 306 WHEATON, IL 60187-0306	30-0552847	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR HESHIMA MINISTRY
	HIGHLAND CATHOLIC SCHOOL 2017 BOHLAND AVE. ST. PAUL, MN 55116	41-0972541	501(C)(3)	5,000.	0.			TUITION SUPPORT FOR THOSE IN NEED
	HILL MURRAY SCHOOL 2625 LARPEUR AVENUE EAST MAPLEWOOD, MN 55109	41-0829754	501(C)(3)	85,713.	0.			GENERAL SUPPORT
	HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	6,400.	0.			2019 ANNUAL FUND DRIVE
	HOLY CROSS CATHOLIC SCHOOL 6100 37TH STREET W WEBSTER, MN 55088	41-0954737	501(C)(3)	11,440.	0.			TUITION ASSISTANCE AND NEEDS OF THE PRESCHOOL

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY ACADEMY 5925 WEST LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	9,200.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LANE VICTORIA, MN 55386	41-1848970	501(C)(3)	10,050.	0.			DAY OF GIVING
HOPE 4 YOUTH 2665 4TH AVENUE NORTH, SUITE 40 ANOKA, MN 55303	46-1626500	501(C)(3)	5,000.	0.			GENERAL FUND
HOPE ACADEMY INC. 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	200,000.	0.			GENERAL SUPPORT
HOPE FOR UGANDA - SACRED HEART SEMINARY - PO BOX 1863 - MINNETONKA, MN 55345	41-1732849	501(C)(3)	44,787.	0.			CAPITAL CAMPAIGN
IMMACULATE CONCEPTION SCHOOL 4030 JACKSON ST NE COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	16,355.	0.			SPANISH LANGUAGE BOOKS SUPPLEMENTAL FUNDS OF PROGRAMS AND SERVICES, AND TO PROVIDE ADDITIONAL SUPPORT FOR ITS
IMMACULATE HEART CHURCH P.O. BOX 155 CROSSLAKE, MN 56442	41-1637054	501(C)(3)	9,500.	0.			DIRECTED TO MINNEAPOLIS/ST. PAUL CAMPUS FOR FY2018
JEREMIAH PROGRAM 615 FIRST AVENUE NORTHEAST, SUITE # MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	44,000.	0.			GENERAL SUPPORT
JESUIT RETREAT HOUSE - DEMONTREVILLE - 8243 N. DEMONTREVILLE TRAIL - LAKE ELMO, MN 55042	41-0705789	501(C)(3)	7,260.	0.			GENERAL SUPPORT

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESUITS USA MIDWEST PROVINCE 1010 NORTH HOOKER STREET CHICAGO, IL 60642	36-2167013	501(C)(3)	7,014.	0.			GENERAL SUPPORT
JOSEPH'S COAT, INC. P.O. BOX 16187 SAINT PAUL, MN 55116-0187	41-1647621	501(C)(3)	5,000.	0.			REBUILD STORE DESTROYED BY CAR CRASH
LEADERSHIP ROUNDTABLE INC. 415 MICHIGAN AVE NE SUITE 275 WASHINGTON, DC 20017	54-2174467	501(C)(3)	5,000.	0.			SUPPORT FOR PRE-CONFERENCE FOR BISHOPS ON 10-23 IN MINNEAPOLIS
LEAST/FOUNDATION FOR SAVING SIGHT 1204 LEWIS AVENUE HUTCHINSON, MN 55350	41-1944921	501(C)(3)	5,000.	0.			LEAST SENIOR CENTER
LEGACY CHRISTIAN ACADEMY 3037 BUNKER LAKE BLVD. NW ANDOVER, MN 55304	41-1868252	501(C)(3)	110,000.	0.			CAPITAL CAMPAIGN
LISTENING HOUSE 464 MARIA AVENUE SAINT PAUL, MN 55106	36-3291367	501(C)(3)	8,000.	0.			CORE SUPPORT
LITTLE BROTHERS - FRIENDS OF THE ELDERLY - 1845 EAST LAKE STREET - MINNEAPOLIS, MN 55407	41-0986200	501(C)(3)	9,373.	0.			GENERAL OPERATING NEEDS
LITTLE SISTERS OF THE POOR 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102	41-0764112	501(C)(3)	14,828.	0.			GENERAL SUPPORT
LORAS COLLEGE DEVELOPMENT OFFICE, 1450 ALTA VISTA DUBUQUE, IA 52001	42-0680412	501(C)(3)	30,000.	0.			SUPPORT FOR STUDENT FINANCIAL AID

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUMEN CHRISTI CATHOLIC COMMUNITY 2055 BOHLAND AVENUE ST. PAUL, MN 55116	04-3802322	501(C)(3)	11,300.	0.			EMERGENCY FUND
LUMINARIAS INC. P.O. BOX 40434 SAINT PAUL, MN 55105-0403	47-1046165	501(C)(3)	195,000.	0.			COMPLETE BUILDING CONSTRUCTION
LUPUS RESEARCH INSTITUTE 275 MADISON AVENUE, 10TH FLOOR NEW YORK, NY 10016	06-1565950	501(C)(3)	100,000.	0.			GENERAL OPERATIONS
MACPHAIL CENTER FOR MUSIC 501 SOUTH SECOND STREET MINNEAPOLIS, MN 55401	41-1729340	501(C)(3)	24,500.	0.			6.0 CAMPAIGN
MARIAN HIGH SCHOOL 7225 LAHSER ROAD BLOOMFIELD, MI 48301	38-1650600	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
MARQUETTE UNIVERSITY - ADVANCEMENT 1250 W. WISCONSIN AVENUE, PO BOX 18 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	31,250.	0.			FINANCIAL AID SUPPORT FOR NURSING STUDENTS
MARRIAGE IN CHRIST/PEOPLE OF PRAISE - 601 RIVER RIDGE PARKWAY, SUITE 100 - EAGAN, MN 55121	41-1111724	501(C)(3)	6,000.	0.			ANNUAL GIFT
MARY, QUEEN OF PEACE SCHOOL 21201 CHURCH AVENUE ROGERS, MN 55374	41-0737230	501(C)(3)	11,820.	0.			PRESCHOOL SUPPORT
MATERNITY OF MARY/ST. ANDREW SCHOOL - 592 ARLINGTON AVENUE WEST - ST. PAUL, MN 55117	41-1654467	501(C)(3)	10,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC FOUNDATION DEPARTMENT OF DEVELOPMENT, 200 FIRST STREET SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	12,500.	0.			GENERAL OPERATING PURPOSES
MCCL - EDUCATION FUND MN CITIZENS CONCERNED FOR LIFE, 4249 NICOLLET AVENUE - MINNEAPOLIS, MN 55409	51-0164086	501(C)(3)	10,092.	0.			EDUCATION
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH, SUITE 4 SAINT PAUL, MN 55106	41-0693851	501(C)(3)	6,000.	0.			SENIOR MOBILE FOODS PROGRAM
MESSMER CATHOLIC HIGH SCHOOL 742 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	39-1482053	501(C)(3)	6,356.	0.			FOR CLASSROOM MATERIALS
MICHIGAN STATE UNIVERSITY MIDWEST REGION, 535 CHESTNUT ROAD, EAST LANSING, MI 4824	38-6005984	501(C)(3)	5,000.	0.			ELI BOARD COLLEGE OF BUSINESS
MICROGRANTS 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 55404	20-4092394	501(C)(3)	10,000.	0.			GREATEST NEED
MINNESOTA ADULT & TEEN CHALLENGE, INC. - 1619 PORTLAND AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	10,500.	0.			GENERAL SUPPORT
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 2700 EAST LAKE STREET, SUITE 335 - MINNEAPOLIS, MN 55406	41-1694717	501(C)(3)	6,400.	0.			CORE SUPPORT
MINNESOTA CENTER FOR BOOK ARTS 1011 WASHINGTON AVE S, FIRST FLOOR MINNEAPOLIS, MN 55415	41-1455905	501(C)(3)	5,950.	0.			GENERAL SUPPORT

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA FAMILY INSTITUTE - UNDECIDED - 2855 ANTHONY LANE SOUTH #150 - ST. ANTHONY, MN 55418	41-1439560	501(C)(3)	8,000.	0.			APPLY TO FUNDS TO UTILIZE DONOR MATCHING GIFTS
MINNESOTA FREEDOM FUND PO BOX 6398 MINNEAPOLIS, MN 55406	82-1214607	501(C)(3)	6,400.	0.			BAIL FOR IMMIGRANTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 - 15TH AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1500950	501(C)(3)	105,000.	0.			TO FUND NAVIGATORS
MINNESOTA LANDSCAPE ARBORETUM DEVELOPMENT OFFICE, 3675 ARBORETUM CHASKA, MN 55318	23-7081057	501(C)(3)	7,500.	0.			ANNUAL FUND
MINNESOTA MUSEUM OF AMERICAN ART 141 E. 4TH STREET SUITE 101 SAINT PAUL, MN 55101	41-0726138	501(C)(3)	5,500.	0.			ANNUAL GIFT
MINNESOTA PUBLIC RADIO KLING PUBLIC MEDIA CENTER, 480 CEDA ST. PAUL, MN 55101	41-0953924	501(C)(3)	40,600.	0.			ANNUAL DONATION
MISSION HAITI INC. P.O. BOX 19401 MINNEAPOLIS, MN 55419-0401	20-4628355	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MISSIONARY SISTERS OF ST. PETER CLAVER - 265 CENTURY AVENUE - WOODBURY, MN 55125-1199	41-0718378	501(C)(3)	6,200.	0.			GENERAL SUPPORT
MONTROSSI CENTER OF MINNESOTA 1611 AMES AVE SAINT PAUL, MN 55106	41-1361913	501(C)(3)	5,500.	0.			45TH ANNIVERSARY CELEBRATION

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOST HOLY REDEEMER SCHOOL 205 VINE AVENUE WEST MONTGOMERY, MN 56069	41-0747173	501(C)(3)	10,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
MOTO HOPE MISSION P.O. BOX 1484 WALKER, MN 56484	45-2482812	501(C)(3)	25,000.	0.			INITIAL FUNDING FOR MOTO HOPE MISSION FOUNDATION
NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION - 520 8TH AVE., SUITE 302 - NEW YORK, NY 10018	13-6161108	501(C)(3)	5,000.	0.			ARTS EDUCATION
NATIONAL RETIREMENT FUND FOR RELIGIOUS - 3211 - 4TH STREET NE - WASHINGTON, DC 20017	53-0196617	501(C)(3)	12,000.	0.			GENERAL SUPPORT
NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE (NACDI) - 1414 EAST FRANKLIN AVENUE - MINNEAPOLIS, MN 55404	41-2117257	501(C)(3)	10,000.	0.			COMMUNICATIONS SPECIALIST
NATIVITY OF MARY SCHOOL 9901 E. BLOOMINGTON FRWY. BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	23,500.	0.			TUITION ASSISTANCE AND INFRASTRUCTURE FOR BLENDED LEARNING IMPLEMENTATION
NATIVITY OF OUR LORD CATHOLIC CHURCH - 1900 WELLESLEY AVE - ST. PAUL, MN 55105	41-0693956	501(C)(3)	52,600.	0.			2019 STEWARDSHIP
NET MINISTRIES 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1637054	501(C)(3)	169,375.	0.			PROVIDING SUPPORT FOR THE CORPORATION'S GENERAL OPERATION PURPOSES
NET MINISTRIES 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-0735359	501(C)(3)	24,000.	0.			2019 GIFT AFTER ATTENDING BANQUET

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW PRAGUE AREA CATHOLIC COMMUNITY 215 MAIN STREET EAST NEW PRAGUE, MN 56071	41-0705806	501(C)(3)	29,600.	0.			SUPPORTING THE GENERAL OPERATIONS OF THE GRADE SCHOOL AFFILIATED WITH THE CHURCH OF ST.
NORTH END-SOUTH COMO/BLOCK NURSE PROGRAM - 727 FRONT STREET #118 - ST. PAUL, MN 55103	41-1630847	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT, 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501(C)(3)	5,000.	0.			THE MARGO BROWN FUND
NOTRE DAME ACADEMY 13505 EXCELSIOR BLVD MINNETONKA, MN 55345	46-1333219	501(C)(3)	11,673.	0.			GENERAL SUPPORT
NPH-USA/FRIENDS OF THE ORPHANS 945 BROADWAY STREET NE #230 MINNEAPOLIS, MN 55413	65-1229309	501(C)(3)	68,950.	0.			HAITI PROGRAMS
ONE WORLD SURGERY 510 LAKE COOK ROAD SUITE 400 DEERFIELD, IL 60015	47-5128573	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OUR LADY OF PEACE HOME 2076 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-1306947	501(C)(3)	20,733.	0.			CANCER HOME
OUR LADY OF PEACE SCHOOL 5435 11TH AVENUE SOUTH MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	53,300.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
OUR LADY OF THE LAKE SCHOOL 2411 COMMERCE BLVD. MOUND, MN 55364	41-0718339	501(C)(3)	9,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)



# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990)

OF MINNESOTA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE PRAIRIE SCHOOL 200 EAST CHURCH STREET BELLE PLAINE, MN 56011	41-6027712	501(C)(3)	7,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
PACELLI CATHOLIC SCHOOL 311 - 4TH STREET NW AUSTIN, MN 55912-3195	20-4023381	501(C)(3)	9,973.	0.			GENERAL OPERATING NEEDS
PACER CENTER 8161 NORMANDALE BLVD BLOOMINGTON, MN 55437	41-1306304	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
PAGE EDUCATION FOUNDATION 901 N 3RD STREET, SUITE 355 MINNEAPOLIS, MN 55401	36-3605013	501(C)(3)	100,000.	0.			GENERAL OPERATIONS
PARISH OF SAINTS JOACHIM AND ANNE 2700 17TH AVE EAST SHAKOPEE, MN 55379	41-0747179	501(C)(3)	10,000.	0.			THE GENERAL NEEDS OF THE PARISH OF SAINTS JOACHIM AND ANNE
PARISH OF SAINTS JOACHIM AND ANNE 2700 17TH AVE EAST SHAKOPEE, MN 55379	41-1905541	501(C)(3)	35,100.	0.			GENERAL SUPPORT
PAX CHRISTI CATHOLIC COMMUNITY 12100 PIONEER TRAIL EDEN PRAIRIE, MN 55347	41-0693969	501(C)(3)	39,200.	0.			GENERAL SUPPORT
POOR CLARE SISTERS OF ST. CLARE'S MONASTERY - 421 4TH STREET SOUTH - SAUK RAPIDS, MN 56379	41-1603788	501(C)(3)	5,750.	0.			GENERAL DONATION
PREGNANCY RESOURCE CENTER OF CAMBRIDGE - 140 BUCHANAN STREET NO SUITE 138 - CAMBRIDGE, MN 55008	41-1757917	501(C)(3)	20,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESENTATION OF THE BLESSED VIRGIN MARY SCHOOL - 1695 KENNARD ST. - MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	6,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
PRO ECCLESIA SANCTA C/O CHURCH OF ST. MARK, 2001 DAYTON AVENUE - SAINT PAUL, MN 55104	30-0371107	501(C)(3)	66,500.	0.			GENERAL SUPPORT AND CONVENT FOR THE SISTERS
PROLIFE ACROSS AMERICA P.O. BOX 18669 MINNEAPOLIS, MN 55418	41-1654040	501(C)(3)	25,400.	0.			ANNUAL GIFT
PRO-LIFE ACTION MINISTRIES 1163 PAYNE AVENUE SAINT PAUL, MN 55130	41-1517055	501(C)(3)	7,450.	0.			ANNUAL GIFT
PROVIDENCE ACADEMY 15100 SCHMIDT LAKE ROAD PLYMOUTH, MN 55446	41-1883866	501(C)(3)	19,500.	0.			GENERAL SUPPORT AND CHRISTMAS DECORATIONS IN THE PAC
PROVINCE OF OUR LADY OF CONSOLATION - DEVELOPMENT OFFICE, 103 ST. FRANCIS BLVD - MOUNT ST. FRANCIS, IN 47146	35-6019627	501(C)(3)	11,000.	0.			BROTHER TONY PROJECTS
REBUILDING TOGETHER TWIN CITIES 1050 SE 33RD AVENUE MINNEAPOLIS, MN 55414	41-1893180	501(C)(3)	6,000.	0.			SAFE AT HOME PROGRAM
REISER RELIEF INC. P.O. BOX 48096 COON RAPIDS, MN 55448	87-0778133	501(C)(3)	7,473.	0.			DONATION
RELEVANT RADIO P.O. BOX 10707 GREEN BAY, WI 54307-0707	39-2003067	501(C)(3)	17,965.	0.			ANNUAL FUNDRAISER

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISEN CHRIST CATHOLIC SCHOOL 1120 EAST 37TH STREET MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	63,200.	0.			GENERAL FUND
SACRED HEART CATHOLIC CHURCH 520 GRAYDON AVENUE NORFOLK, VA 23507	54-0733015	501(C)(3)	5,000.	0.			HAITI MINISTRY SCHOLARSHIP
SACRED HEART HAITI MISSION FOUNDATION - 3304 LAKE STREET NW - ROCHESTER, MN 55901	41-2014439	501(C)(3)	5,000.	0.			HELP TO ASSIST THE POOR IN HAITI
SACRED HEART SCHOOL 4050 HUBBARD AVE N ROBBINSDALE, MN 55422	41-0834785	501(C)(3)	9,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
SAINT AGNES SCHOOL 530 LAFOND AVENUE SAINT PAUL, MN 55103	41-0694737	501(C)(3)	70,400.	0.			GENERAL SUPPORT AND 2018 - 2019 TUITION ASSISTANCE
SAINT JOHN SCHOOL OF LITTLE CANADA 2621 MC MENEMY ROAD LITTLE CANADA, MN 55117	41-0781158	501(C)(3)	12,000.	0.			TO BE USED FOR TUITION ASSISTANCE
SAINT JOHN VIANNY SEMINARY THE SEMINARIES OF SAINT PAUL, 2115 SUMMIT AVENUE, MAIL #5024 - ST. PAUL, MN	41-0943747	501(C)(3)	511,973.	0.			2019 SUPPORT
SAINT MARY'S UNIVERSITY OF MINNESOTA - DEVELOPMENT AND ALUMNI RELATIONS, 700 TERRACE HEIGHTS #21 - WINONA, MN 55987-1399	41-0695527	501(C)(3)	5,600.	0.			GENERAL SUPPORT GENERAL SUPPORT AND FOR THE EDUCATION OF YOUNG MEN STUDYING FOR THE PRIESTHOOD FROM THE
SAINT PAUL SEMINARY THE SEMINARIES OF SAINT PAUL, 2260 ST. PAUL, MN 55105	41-0693969	501(C)(3)	446,855.	0.			

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL SEMINARY THE SEMINARIES OF SAINT PAUL, 2260 ST. PAUL, MN 55105	41-0732239	501(C)(3)	19,000.	0.			2019 AS NEEDED
SAINT PAUL'S OUTREACH 5814 BLACKSHIRE PATH INVER GROVE HEIGHTS, MN 55076	41-1621192	501(C)(3)	105,898.	0.			2019 SUPPORT
SALVATION ARMY NORTHERN DIVISION 2445 PRIOR AVENUE ROSEVILLE, MN 55113	36-3805307	501(C)(3)	9,250.	0.			BED & BREAD CLUB MEMBERS
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	11,200.	0.			MINISTRY OF SAMARITAN'S PURSE
SCHOOL SISTERS OF NOTRE DAME 170 GOOD COUNSEL DRIVE MANKATO, MN 56001	41-0693976	501(C)(3)	16,056.	0.			GENERAL OPERATING NEEDS
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST. PAUL, MN 55109	23-7417654	501(C)(3)	18,079.	0.			FOOD FOR THE POOR FURTHERANCE OF ITS CHARITABLE PURPOSES AND, IN PARTICULAR ITS ROSARY CRUSADE IN HONOR OF THE
SECULAR INSTITUTE OF SCHOENSTATT SISTERS OF M - W284 N404 CHERRY LANE - WAUKESHA, WI 53188	39-6068703	501(C)(3)	10,500.	0.			
SENIOR COMMUNITY SERVICES 10201 WAYZATA BLVD., SUITE 335 MINNETONKA, MN 55305	41-0720473	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SERVANTS OF THE LORD AND THE VIRGIN OF MATARA - PROVINCIAL HOUSE IMMACULATE CONCEPTION, 28 15TH STREET SE - WASHINGTON, DC	52-2151379	501(C)(3)	10,000.	0.			FOR WORK IN THE PHILIPPINES

Schedule I (Form 990)

# CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAKOPEE AREA CATHOLIC SCHOOL 2700 - 17TH AVE. E. SHAKOPEE, MN 55379	41-0961357	501(C)(3)	12,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	27,469.	0.			ANNUAL GIFT
SIMPSON HOUSING SERVICES 2100 PILLSBURY AVE. SO. MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	1,087,847.	0.			NAVIGATION CENTER
SISTERS OF ST. JOSEPH OF CARONDELET MINISTRIES - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-1765361	501(C)(3)	7,990.	0.			ANNUAL GIFT
SOCIETY FOR THE PROPAGATION OF THE FAITH - 777 FOREST STREET NORTH - SAINT PAUL, MN 55106	41-0705806	501(C)(3)	11,800.	0.			GENERAL SUPPORT
ST. ALPHONSUS SCHOOL 7031 HALIFAX AVENUE NORTH BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	18,500.	0.			GALA 2019 TUITION ASSISTANCE AND CAPITAL IMPROVEMENTS OR OTHER BRICKS AND MORTAR NEEDS OF THE SCHOOL
ST. ANNE'S SCHOOL 511 4TH STREET NO. LE SUEUR, MN 56058	41-0724077	501(C)(3)	13,700.	0.			GENERAL SUPPORT
ST. BARTHOLOMEW CATHOLIC FAITH COMMUNITY - 630 WAYZATA BOULEVARD EAST - WAYZATA, MN 55391	41-0711478	501(C)(3)	39,150.	0.			GENERAL SUPPORT
ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12, 2004 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-0695509	501(C)(3)	101,750.	0.			ANNUAL FUND GIFT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CHARLES BORROMEO SCHOOL 2727 STINSON BLVD NE ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	7,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. CROIX CATHOLIC SCHOOL 621 THIRD STREET SOUTH STILLWATER, MN 55082	41-1731931	501(C)(3)	82,700.	0.			SUPPORT OF THE FINANCIAL NEEDS OF ST. CROIX CATHOLIC SCHOOL
ST. CROIX CATHOLIC SCHOOL 621 THIRD STREET SOUTH STILLWATER, MN 55082	41-0854765	501(C)(3)	32,200.	0.			CAPITAL CAMPAIGN-- CHURCH OF ST. MICHAEL PARISH PRESERVATION FUND
ST. DOMINIC SCHOOL 216 NORTH SPRING STREET NORTHFIELD, MN 55057	41-0711501	501(C)(3)	21,750.	0.			FURTHERANCE OF ITS CHARITABLE PURPOSES
ST. EDWARD'S CATHOLIC CHURCH P.O. BOX 38 LONGVILLE, MN 56555	41-1314934	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. ELIZABETH ANN SETON SCHOOL 600 TYLER STREET HASTINGS, MN 55033	41-1587210	501(C)(3)	7,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. FRANCIS XAVIER SCHOOL 219 19TH STREET NW BUFFALO, MN 55313	41-0737223	501(C)(3)	7,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR SUPPORTING THE ENHANCEMENT AND EXPANSION OF MINISTRIES RELATED TO FAITH FORMATION;
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6 INTERLACHEN ROAD - HOPKINS, MN 55343	41-0729969	501(C)(3)	31,000.	0.			
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6 INTERLACHEN ROAD - HOPKINS, MN 55343	41-1731931	501(C)(3)	42,400.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GABRIEL THE ARCHANGEL PARISH 900 GEIGER STREET NEENAH, WI 54956	39-0983475	501(C)(3)	5,400.	0.			GENERAL SUPPORT
ST. HELENA SCHOOL 3200 E. 44TH STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	18,000.	0.			GENERAL SUPPORT OF CATHOLIC SCHOOLS THAT EMPHASIZE VOCATIONS
ST. ISABEL CATHOLIC CHURCH 3559 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957	59-2336842	501(C)(3)	5,000.	0.			SPONSORSHIP ORCHID BALL
ST. JEROME SCHOOL 384 ROSELAWN AVENUE EAST MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	92,700.	0.			INSTRUCTIONAL COACHING/ACHIEVEMENT NETWORK
ST. JOHN PAUL II CATHOLIC PREPARATORY SCHOOL - 1630 NE 4TH STREET - MINNEAPOLIS, MN 55413	41-0953697	501(C)(3)	38,100.	0.			GENERAL SUPPORT AND TUITION ASSISTANCE
ST. JOHN THE BAPTIST SCHOOL 215 BROADWAY STREET NORTH JORDAN, MN 55352	41-0713019	501(C)(3)	8,500.	0.			MARCH 2, 2019 GALA """"FUND-THE-NEED"""" DONATION
ST. JOHN THE BAPTIST SCHOOL 111 MAIN STREET WEST VERMILLION, MN 55085	41-0826791	501(C)(3)	10,440.	0.			NEEDS OF THE PRESCHOOL SUPPORTING TUITION
ST. JOHN THE EVANGELIST CHURCH 4230 ST. JOHNS AVENUE DULUTH, MN 55803	41-1704381	501(C)(3)	8,900.	0.			ASSISTANCE FOR THE CATHOLIC SCHOOL ASSOCIATED WITH THE
ST. JOHN'S SCHOOL OF THEOLOGY AND SEMINARY - OFFICE OF DEVELOPMENT, PO BOX 5866 - COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	16,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S UNIVERSITY P.O. BOX 7222, 2580 ABBEY ROAD COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	205,250.	0.			2018 ANNUAL FUND
ST. JOSEPH SCHOOL 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	12,950.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	80,589.	0.			GENERAL SUPPORT, TUITION ASSISTANCE, AND FALL FEST SUPPORT
ST. LAWRENCE-NEWMAN UNIVERSITY PARISH - C/O MS. ROCHELLE SHIRK, 1203 - 5TH STREET SE - MINNEAPOLIS, MN 55414	41-0702598	501(C)(3)	10,900.	0.			EASTER MATCHING FUND
ST. MARY ACADEMY 4380 FRUITVILLE ROAD SARASOTA, FL 34232	65-0931385	501(C)(3)	9,500.	0.			DREAMS ARE FREE
ST. MARY'S HEALTH CLINICS/CARONDELET LIFECARE MINISTRIES - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-1760632	501(C)(3)	15,200.	0.			GENERAL OPERATING
ST. MARY'S SCHOOL 257 SOUTH WASHINGTON AVE NEW RICHMOND, WI 54017	39-0847308	501(C)(3)	5,000.	0.			ANNUAL DONATION
ST. MATTHEW - EDUCATION 490 HALL AVENUE SAINT PAUL, MN 55104	41-0707559	501(C)(3)	87,600.	0.			TO BE USED FOR THE PRIMARY SCHOOL PROGRAMS
ST. MAXIMILIAN KOLBE CATHOLIC SCHOOL - 235 SOUTH 2ND STREET, P.O. BOX 470 - DELANO, MN 55328	41-0726145	501(C)(3)	10,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) OF MINNESOTA  
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. OLAF CATHOLIC CHURCH 215 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-0754589	501(C)(3)	20,700.	0.			SOCIAL OUTREACH ACTIVITIES, CAPITAL IMPROVEMENT NEEDS & RELIGIOUS EDUCATION,
ST. OLAF CATHOLIC CHURCH 215 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-0705765	501(C)(3)	147,900.	0.			ANNUAL GIFT
ST. PASCAL BAYLON SCHOOL 1757 CONWAY STREET ST. PAUL, MN 55106	41-0704479	501(C)(3)	15,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. PAUL CHAMBER ORCHESTRA SOCIETY THIRD FLOOR, THE HISTORIC HAMM BUILDING, 408 SAINT PETER STREET - SAINT PAUL	41-0829498	501(C)(3)	26,500.	0.			ANNUAL GIFT
ST. PETER CLAVER'S SCHOOL 1060 WEST CENTRAL AVENUE ST. PAUL, MN 55104	41-0824943	501(C)(3)	71,500.	0.			CORE SUPPORT SUPPORTING THE GENERAL OPERATIONS OF ST. PETER CATHOLIC SCHOOL OF NORTH ST. PAUL
ST. PETER SCHOOL 2620 MARGARET ST N NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	12,100.	0.			
ST. PETER SCHOOL 2620 MARGARET ST N NORTH ST. PAUL, MN 55109	41-0907232	501(C)(3)	11,800.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. PETER'S SCHOOL 1250 SOUTH SHORE DRIVE FOREST LAKE, MN 55025	41-0799304	501(C)(3)	8,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. ROSE OF LIMA SCHOOL 2072 N. HAMLINE AVE. ROSEVILLE, MN 55113	41-0790158	501(C)(3)	53,520.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN SCHOOL 506 JACKSON STREET ANOKA, MN 55303	41-0713861	501(C)(3)	7,500.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. STEPHEN'S HUMAN SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	5,700.	0.			GENERAL SUPPORT PROGRAMS, SERVICES AND GENERAL NEEDS OF THE FACILITIES SUPPORTED BY ST. THERESE FOUNDATION
ST. THERESE FOUNDATION 1660 SO. HWY. 100, SUITE #103 ST. LOUIS PARK, MN 55416	41-0754589	501(C)(3)	39,800.	0.			
ST. THERESE SCHOOL 18325 MINNETONKA BLVD. DEERHAVEN, MN 55391	41-0790147	501(C)(3)	7,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	41-6045110	501(C)(3)	46,672.	0.			ANNUAL SUPPORT
ST. THOMAS AQUINAS CATHOLIC SCHOOL 810 - 5TH STREET INTERNATIONAL FALLS, MN 56649	41-0799786	501(C)(3)	59,800.	0.			GENERAL SUPPORT
ST. THOMAS MORE CATHOLIC PARISH 51 MARKETPLACE IRVINE, CA 92602	30-0649249	501(C)(3)	11,500.	0.			BELIEVE & GROW TOGETHER CAPITAL CAMPAIGN
ST. THOMAS MORE CATHOLIC SCHOOL 1065 SUMMIT AVENUE ST. PAUL, MN 55105	41-1691889	501(C)(3)	8,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
ST. TIMOTHY GRADE SCHOOL 241 STAR STREET E, BOX 281 MAPLE LAKE, MN 55358-0281	41-0727399	501(C)(3)	11,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL REGIONAL SEMINARY - 10701 SOUTH MILITARY TRAIL - BOYNTON BEACH, FL 33436	59-1028326	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. WENCESLAUS SCHOOL 227 EAST MAIN STREET NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	6,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
STEPPING STONE EMERGENCY HOUSING CRONIN BUILDING #14, 3300 4TH AVENUE ANOKA, MN 55303	20-3226868	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. PETER & PAUL CATHOLIC CHURCH 302 STATE STREET, P.O. BOX 95 ELROSA, MN 56325	41-0711465	501(C)(3)	25,000.	0.			GENERAL OPERATING PURPOSES
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405	41-0908458	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
TEACH FOR CHRIST 1320 MAIN STREET HOPKINS, MN 55343	82-0722101	501(C)(3)	57,000.	0.			GENERAL SUPPORT
THE FLORENCE PROJECT P.O. BOX 654 FLORENCE, AZ 85132	86-0658103	501(C)(3)	5,000.	0.			IMMIGRANT CHILDREN RIGHTS
THE INSTITUTE FOR PRIESTLY FORMATION - 2500 CALIFORNIA PLAZA - OMAHA, NE 68178	52-1907182	501(C)(3)	16,500.	0.			GENERAL SUPPORT
THE LABOURE SOCIETY 1365 CORPORATE CENTER CURVE SUITE EAGAN, MN 55121	41-2001751	501(C)(3)	19,800.	0.			ANNUAL GIFT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LOPPET FOUNDATION 1301 THEODORE WIRTH PARKWAY MINNEAPOLIS, MN 55422	41-1753882	501(C)(3)	5,000.	0.			THE TRAILHEAD CAPITAL CAMPAIGN
THE NATURE CONSERVANCY 1101 WEST RIVER PARKWAY SUITE #20 MINNEAPOLIS, MN 55415	53-0242652	501(C)(3)	8,000.	0.			ANNUAL FUND
TOTINO-GRACE HIGH SCHOOL 1350 GARDENA AVENUE NE FRIDLEY, MN 55432	41-0649228	501(C)(3)	34,000.	0.			2018 - 2019 TUITION ASSISTANCE
TRANSFIGURATION SCHOOL 6135 15TH ST N OAKDALE, MN 55128-4201	41-0797343	501(C)(3)	7,000.	0.			TUITION ASSISTANCE 2019-2020 SCHOOL YEAR
TREEHOUSE 5666 LINCOLN DRIVE SUITE 201 EDINA, MN 55436	36-3287099	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
TRUST 9 W. RUSTIC LODGE AVE. MINNEAPOLIS, MN 55409	41-0965940	501(C)(3)	7,000.	0.			CONTINUUM OF CARE
UNION GOSPEL MISSION 77 NINTH STREET EAST ST. PAUL, MN 55101	41-0705847	501(C)(3)	11,608.	0.			CHRISTMAS MEALS GENERAL SUPPORT AND FUNDING PROGRAMS ALIGNED WITH THE UNITED WAY COMMUNITY PROGRAM
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	56,000.	0.			
UNITED WAY OF WASHINGTON COUNTY EAST - 1825 CURVE CREST BLVD., P.O. BOX 305 - STILLWATER, MN 55082	41-0855267	501(C)(3)	5,000.	0.			2018 PILLARS CLUB GIFT

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

41-1744184

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - P.O. BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	6,000.	0.			MOLLIE TIBBETS MEMORIAL FUND FOR CHILD & ADOLESCENT PSYCHIATRY - GENERAL SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION MCNAMARA ALUMNI CENTER, 200 OAK STREET SE, SUITE 500 - MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	47,250.	0.			RESEARCH AND PATIENT SUPPORT
UNIVERSITY OF NOTRE DAME DEPARTMENT OF DEVELOPMENT, 1100 GRA NOTRE DAME, IN 46556	35-0868188	501(C)(3)	297,263.	0.			GENERAL SUPPORT
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE, AQU 100 ST. PAUL, MN 55105	41-0693970	501(C)(3)	220,250.	0.			SCHOLARSHIPS
URBAN VENTURES 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	51,500.	0.			GENERAL SUPPORT
VISITATION SCHOOL 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	29,578.	0.			2018 - 2019 TUITION ASSISTANCE
VOCALLESSE 1900 NICOLLET AVENUE MINNEAPOLIS, MN 55403	41-1363849	501(C)(3)	6,500.	0.			CONTARE/EDUCATION/10TH ANNIVERSARY
WAY OF THE SHEPHERD 13200 CENTRAL AVE NORTHEAST BLAINE, MN 55434	41-1916137	501(C)(3)	41,400.	0.			2019 GALA SUPPORT
YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS - 1700 WEST IRVING PARK ROAD SUITE 101 - CHICAGO, IL 60637	26-1839249	501(C)(3)	5,000.	0.			IMMIGRANT CHILDREN

Schedule I (Form 990)

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

41-1744184

Page 2

Schedule I (Form 990) (2018)

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:

ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule I (Form 990)

41-1744184 Page 2

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENT OF TAXES AND INSURANCE ON  
AND TO THE MAINTENANCE, UPKEEP AND REPAIR OF THE REAL ESTATE HELD BY THE  
SAID DIOCESE OF ST. PAUL FOR CHRISTIAN BROTHERS, AND OF THE BUILDINGS  
THEREON

NAME OF ORGANIZATION OR GOVERNMENT: CAF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT RECIPIENT IS MANEPO IN MALAWI  
TO SUPPORT THE GOAT PROJECT INCLUDING PROCUREMENT, VACCINATIONS, TRAINING  
AND TRANSPORT, IN COORDINATION WITH FATHER SANTOS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. HUBERT

(H) PURPOSE OF GRANT OR ASSISTANCE: MAINTAINING, IMPROVING AND  
SUPPORTING THE RELIGIOUS AND EDUCATIONAL PROGRAMS AND ACTIVITIES OF THE  
PARISH

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. MARY OF BIRD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING FINANCIAL ASSISTANCE FOR  
THE SCHOOL AS WELL AS TO SUPPORT THE RELIGIOUS AND EDUCATIONAL PROGRAMS  
ADMINISTERED BY THE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. PETER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RELIGIOUS EDUCATION AND GENERAL  
EDUCATION PROGRAMS SPONSORED AND ADMINISTERED BY THE SCHOOL OPERATED BY  
THE CHURCH

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. THERESE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT AND SUPPORTING THE  
GENERAL NEEDS OF THE GOOD SAMARITAN PROGRAM SPONSORED BY THE PARISH

Schedule I (Form 990)

832291  
04-01-18

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule I (Form 990)

41-1744184 Page 2

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ASSUMPTION

(H) PURPOSE OF GRANT OR ASSISTANCE: MAINTAINING, IMPROVING, AND  
SUPPORTING THE OPERATION OF THE CEMETERY, INCLUDING LITURGICAL AND  
EDUCATIONAL PROGRAMS SPONSORED AND/OR ADMINISTERED BY THE CORPORATION AND  
FACILITIES IN WHICH THEY ARE CONDUCTED

NAME OF ORGANIZATION OR GOVERNMENT:

DOGS AND CATS OF THE DOMINICAN REPUBLIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT WILL BE USED BY THE  
ORGANIZATION SOLELY FOR THE CONSTRUCTION COSTS TO BUILD AN ANIMAL  
SANCTUARY IN LUPERON, DOMINICAN REPUBLIC.

NAME OF ORGANIZATION OR GOVERNMENT: IMMACULATE HEART CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLEMENTAL FUNDS OF PROGRAMS AND  
SERVICES, AND TO PROVIDE ADDITIONAL SUPPORT FOR ITS OPERATIONS,  
MAINTENANCE, CAPITAL REQUIREMENTS AND MISSION, AS WELL AS TO SUPPORT  
COMMUNITY OUTREACH MINISTRIES OF THE CHURCH

NAME OF ORGANIZATION OR GOVERNMENT: NEW PRAGUE AREA CATHOLIC COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE GENERAL OPERATIONS OF  
THE GRADE SCHOOL AFFILIATED WITH THE CHURCH OF ST. WENCESLAUS OF NEW  
PRAGUE

NAME OF ORGANIZATION OR GOVERNMENT: SAINT PAUL SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT AND FOR THE  
EDUCATION OF YOUNG MEN STUDYING FOR THE PRIESTHOOD FROM THE ARCHDIOCESE  
OF SAINT PAUL AND MINNEAPOLIS

Schedule I (Form 990)

832291  
04-01-18



CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule I (Form 990)

41-1744184 Page 2

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SECULAR INSTITUTE OF SCHOENSTATT SISTERS OF M

(H) PURPOSE OF GRANT OR ASSISTANCE: FURTHERANCE OF ITS CHARITABLE  
PURPOSES AND, IN PARTICULAR ITS ROSARY CRUSADE IN HONOR OF THE BLESSED  
VIRGIN MARY

NAME OF ORGANIZATION OR GOVERNMENT:

ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE ENHANCEMENT AND  
EXPANSION OF MINISTRIES RELATED TO FAITH FORMATION; MINISTRIES SUCH AS  
CATHOLIC EDUCATION, YOUTH MINISTRY, LITURGICAL MINISTRY, EVANGELIZATION,  
AND COMMUNITY OUTREACH OF THE PARISH OF SAINT GABRIEL THE ARCHANGEL OF  
HOPKINS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN THE EVANGELIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING TUITION ASSISTANCE FOR  
THE CATHOLIC SCHOOL ASSOCIATED WITH THE CHURCH

NAME OF ORGANIZATION OR GOVERNMENT: ST. OLAF CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL OUTREACH ACTIVITIES, CAPITAL  
IMPROVEMENT NEEDS & RELIGIOUS EDUCATION, GENERAL EDUCATION, WORSHIP &  
OTHER PROGRAMS & NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: ST. THERESE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS, SERVICES AND GENERAL NEEDS  
OF THE FACILITIES SUPPORTED BY ST. THERESE FOUNDATION INC.

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Schedule I (Form 990)

41-1744184 Page 2

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER TWIN CITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT AND FUNDING PROGRAMS

ALIGNED WITH THE UNITED WAY COMMUNITY PROGRAM PRIORITIES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 filing 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.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2018

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

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.

[illegible]

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

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ 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	134	5,551,346.	STOCK MARKET QUOTES
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
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 IV, Donee Acknowledgement .....

29

2

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2018

CATHOLIC COMMUNITY FOUNDATION

Schedule M (Form 990) 2018

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):

THE FOUNDATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART 1, COLUMN B.

**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

**2018**

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 1:

THE EXECUTIVE COMMITTEE INCLUDES THE VICE CHAIRPERSON OF THE BOARD OF  
DIRECTORS AND ONE OR MORE OTHER DIRECTORS WITH VOTING RIGHTS APPOINTED BY  
THE BOARD OF DIRECTORS. EXCEPT AS OTHERWISE LIMITED BY THE BOARD OF  
DIRECTORS FROM TIME TO TIME, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE  
POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS OF THIS FOUNDATION DURING  
THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT ALWAYS TO  
THE DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS.

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

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

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

EACH INDIVIDUAL COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY  
IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM IDENTIFYING  
RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES THEY ARE INVOLVED IN THAT MIGHT  
GIVE RISE TO A CONFLICT OF INTEREST. THE POLICY IS REVIEWED BY THE BOARD OF  
DIRECTORS ONCE EVERY THREE YEARS OR MORE FREQUENTLY IF NEEDED. ANY CHANGES  
IN THE POLICY WILL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PEOPLE.

IF AN INDIVIDUAL HAS A POTENTIAL CONFLICT, THE RELATIONSHIP AND MATERIAL  
FACTS ARE DISCLOSED TO THE BOARD OR COMMITTEE FOR DETERMINATION. CONFLICTED  
INDIVIDUALS MAY NOT PARTICIPATE IN ANY DISCUSSION OR VOTE ON THE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



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

Employer identification number  
**41-1744184**

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  
A CONTRACT OR TRANSACTION ARE REQUIRED TO DISCLOSE THE CONFLICT TO THE  
BOARD CHAIR OR THE CHAIR'S DESIGNEE WHO WILL DETERMINE IF A CONFLICT  
EXISTS. THE CONFLICTED INDIVIDUAL IS REQUIRED TO REFRAIN FROM ANY ACTION  
THAT MAY AFFECT THE ORGANIZATION'S PARTICIPATION IN THE CONTRACT OR  
TRANSACTION.

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

FOR THE PRESIDENT OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE DETERMINES  
COMPENSATION UTILIZING COMPARABILITY DATA. THIS PROCESS IS UNDERTAKEN  
ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2019 FOR THE  
CURRENT PRESIDENT, ANNE CULLEN MILLER.

FOR OTHER OFFICERS, THE PRESIDENT OF CATHOLIC COMMUNITY FOUNDATION REVIEWS  
COMPARABILITY DATA WHEN DETERMINING COMPENSATION LEVELS. THE PRESIDENT THEN  
REPORTS THE RESULTS OF THIS PROCESS TO THE BOARD OF DIRECTORS. ALL OF THE  
SALARY AND BENEFIT LEVELS ARE APPROVED WITHIN THE BUDGETARY PROCESS WITH  
THE BUDGET BEING APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST  
UNDERTAKEN DURING FISCAL YEAR 2019 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

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

AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE  
FOUNDATION'S WEBSITE.

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

LOSS IN VALUE OF SPLIT-INTEREST AGREEMENTS -105,128.

NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS -9,706,768.

EXCESS CONTRIBUTIONS OVER GRANTS, BENEFICIAL ENDOWMENTS

HELD FOR OTHERS -3,935,096.

TOTAL TO FORM 990, PART XI, LINE 9 -13,746,992.



**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.

**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.

[illegible]

**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.

[illegible]

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

41-1744184 Page 3

Schedule R (Form 990) 2018

**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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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 VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

[illegible]

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**Part VII** Supplemental Information.

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

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

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (19)

DIRECT CONTROLLING ENTITY: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

## 2018

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

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

<b>A</b> <input type="checkbox"/> Check box if address changed		<b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>		<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>41-1744184</b>	
<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)		<b>Print or Type</b> <b>2610 UNIVERSITY AVENUE WEST, NO. 500</b> <b>ST. PAUL, MN 55114</b>		<b>E</b> Unrelated business activity code (See instructions.) <b>523000</b>	
<b>C</b> Book value of all assets at end of year <b>377,915,332.</b>		<b>F</b> Group exemption number (See instructions.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
<b>H</b> Enter the number of the organization's unrelated trades or businesses. <b>▶ 1</b> Describe the only (or first) unrelated trade or business here <b>▶ SEE STATEMENT 1</b> . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.					
<b>I</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <b>▶</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. <b>▶</b>					
<b>J</b> The books are in care of <b>▶ ANNE MILLER</b> Telephone number <b>▶ (651) 389-0881</b>					

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a	93,308.	93,308.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	-403,626.	-403,626.
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	-310,318.	-310,318.

### Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)	SEE STATEMENT 2	28	750.
29	Total deductions. Add lines 14 through 28		29	750.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-311,068.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-311,068.



**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Form 990-T (2018)

41-1744184

Page 2

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-311,068.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b>	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-311,068.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-311,068.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	0.	
47	Other taxes. 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 schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.	
50a	Payments: A 2017 overpayment credited to 2018	50a		
b	2018 estimated tax payments	50b		
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	0.	

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

56	At any time during the 2018 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
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here**

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.

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 \_\_\_\_\_ Date \_\_\_\_\_ Check ☐ if self-employed PTIN **P00188889**  
Firm's name **CLIFTONLARSONALLEN LLP** Firm's EIN **41-0746749**  
Firm's address **220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402** Phone no. **612-376-4500**

## CATHOLIC COMMUNITY FOUNDATION

Form 990-T (2018) OF MINNESOTA

41-1744184

Page 3

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **► N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)	
(2)	
(3)	
(4)	

## 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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **►**(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **►** 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 6 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals <b>►</b>			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 <b>►</b>				0.

Form 990-T (2018)

## CATHOLIC COMMUNITY FOUNDATION

Form 990-T (2018) OF MINNESOTA

41-1744184

Page 4

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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	6. Deductions directly connected with income in column 5
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.		0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
--	--	----	----	--	--	----

Form 990-T (2018)

## CATHOLIC COMMUNITY FOUNDATION

Form 990-T (2018) OF MINNESOTA

41-1744184

Page 5

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

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

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

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
------------	------------------	-------------

DESCRIPTION	AMOUNT
ACCOUNTING FEES	750.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	750.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 3
------------	------------------------------	-------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	107.	107.	0.	0.
06/30/17	845.	845.	0.	0.
06/30/18	23,999.	0.	23,999.	23,999.
NOL CARRYOVER AVAILABLE THIS YEAR			23,999.	23,999.

**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

**2018**

Name

**CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA**

Employer identification number

**41-1744184**

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 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>-769.</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>-769.</b>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 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>43,295.</b>			<b>43,295.</b>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>4,442.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9			<b>11</b>	<b>46,340.</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>94,077.</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>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>93,308.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	<b>18</b>	<b>93,308.</b>

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

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018



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

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

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

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

[illegible]

**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.



CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

41-1744184

☒ (F) Long-term transactions not reported to you on Form 1099-B

**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.

OMB No. 1545-0184

2018

Attachment  
Sequence No. **27**

Name(s) shown on return

CATHOLIC COMMUNITY FOUNDATION  
OF MINNESOTA

Identifying number	Sequence
--------------------	----------

41-1744184

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

—

<b>Part I</b>	<b>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</b> (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)
	SEE STATEMENT 4						46,340.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	46,340.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, 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	8	
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	9	46,340.

**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):

Primary gains and losses (net income)	2014	2013	2012	2011	2010	2009

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

**3** 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), line 14 .....

HA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

## CATHOLIC COMMUNITY FOUNDATION

Form 4797 (2018) OF MINNESOTA

41-1744184

Page 2

**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 1 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			
25 If section 1245 property:				
a Depreciation allowed or allowable from line 22	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975. See instructions	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage	27b			
c Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:				
a Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b Enter the smaller of line 24 or 29a. See instructions	29b			

**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

4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
METROPOLITAN REAL ESTATE PARTNERS GLOBAL						10,824.
NATURAL GAS PARTNERS XI, LP 47-1245315						2,034.
NATURAL GAS PARTNERS XII, LP 82-1490225						92.
WALTON STREET REAL ESTATE FUND VIII, LP						4,077.
ARCLIGHT ENERGY PARTNERS FUND VI, L.P. 6						29,313.
TOTAL TO 4797, PART I, LINE 2						46,340.

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

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number (EIN) or  <b>41-1744184</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2610 UNIVERSITY AVENUE WEST, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PAUL, MN 55114</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANNE MILLER - 2610 UNIVERSITY AVENUE WEST, SUITE 500 -**

- The books are in the care of ► **ST. PAUL, MN 55114**  
Telephone No. ► **(651) 389-0881** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-1709

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

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

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

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</b>	Employer identification number (EIN) or  <b>41-1744184</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2610 UNIVERSITY AVENUE WEST, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PAUL, MN 55114</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANNE MILLER - 2610 UNIVERSITY AVENUE WEST, SUITE 500 -**

- The books are in the care of ► **ST. PAUL, MN 55114**

Telephone No. ► **(651) 389-0881**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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