Form **8868**

(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) CATHOLIC COMMUNITY FOUNDATION **Print** 41-1744184 OF MINNESOTA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2610 UNIVERSITY AVENUE WEST, 500 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55114 ST. PAUL, MN Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANNE CULLEN MILLER 2610 UNIVERSITY AVE. W - ST. PAUL, MN 55114 Telephone No. (612)389-0300 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 . If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for. , 20 26 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 X JUL 1 , 20 $\,{\color{red} \,}{\color{black} \,}$ JUN 30 . tax year beginning

Initial return

Final return

За

3h

Зс

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

Change in accounting period

any nonrefundable credits. See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2025)

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2024 calendar year, or tax year beginning $$ JUL 1 , 2024 $$ and ending	JUN 30, 2025					
В	Check if applicable	C Name of organization	D Employer identifie	cation number				
	Addres	CATHOLIC COMMUNITY FOUNDATION						
	change Name	OF MINNESOTA		0.4				
	change Initial	Ţ	41-17441					
	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/si 2610 UNIVERSITY AVENUE WEST 500						
	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	651-389-0300 G Gross receipts \$ 266,799,105.				
	ated Amend		H(a) Is this a group re					
	return Applica		for subordinates					
	tion pending	v I	M H(b) Are all subordinates in					
$\overline{\Gamma}$	Tax-exe	[FF]		list. See instructions				
	Website		H(c) Group exemption					
K	Form of	organization: X Corporation Trust Association Other L Y	ear of formation: 1992 N					
		Summary	•					
_	1 [Briefly describe the organization's mission or most significant activities: ${ t TO}$ SUPPO	RT FINANCIALLY	THE				
nce	5	SPIRITUAL, EDUCATIONAL AND SOCIAL NEEDS OF OU	R CATHOLIC CO	MMUNITY.				
rna	2 (Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass					
ove	1 8	Number of voting members of the governing body (Part VI, line 1a)		24				
S S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		24				
es	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		28				
Activities & Governance	6	Total number of volunteers (estimate if necessary)		36				
Act	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		150,341.				
_	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	69,560. Current Year				
	, ,	Contributions and sweets (Post VIII line 11)	54,054,703.	67,525,053.				
Revenue	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	1,664,577.	1,821,880.				
	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	19,738,499.	37,909,614.				
Be	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,457,779.	107,256,547.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,490,958.	45,270,433.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
s	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,029,419.	3,416,820.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ē Q	. b ⁻	Fotal fundraising expenses (Part IX, column (D), line 25)2,497,279.						
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,941,907.					
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,462,284.	52,608,867.				
_	19	Revenue less expenses. Subtract line 18 from line 12	30,995,495.					
Net Assets or	g		Beginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)	666,642,788.	751,710,677.				
etA	21	Total liabilities (Part X, line 26)	351,413,001.	393,061,045.				
	22 rart II	Net assets or fund balances. Subtract line 21 from line 20	315,229,787.	358,649,632.				
		ti <u>es of periory.</u> I declare that I have examined this return, including accompanying schedules and stat	amonte, and to the heet of my	knowledge and helief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer		Kilowieuge allu bellei, it is				
truc	, 0011001	AMALIE AMALIE	12/17/2025					
Sig	ո	Signarpessestice47	Date					
He		ANNE CULLEN MILLER, PRESIDENT						
	`	Type or print name and title						
		Preparer's name Preparer's signature	Date Check	PTIN				
Pai	d þ		2 12/12/25 self-employ	P01760010				
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 4	1-0746749				
Use	Only	Firm's address 8215 GREENWAY BOULEVARD, SUITE 600						
_		MIDDLETON, WI 53562	Phone no. 60	8-662-8600				
Ма	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No				
111	A = I			- UU() (000 t)				

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
_	•		<u></u>
1	Briefly describe the organization's mission:		
	THE MISSION OF THE CATHOLIC COMMUNITY FOUNDATION OF I	MINNESOTA IS TO	
	SUPPORT FINANCIALLY THE SPIRITUAL, EDUCATIONAL, AND S	SOCIAL NEEDS OF	
	OUR CATHOLIC COMMUNITY.		
	OUR CATHOLIC COMMUNITY:		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
_			X No
	prior Form 990 or 990-EZ?	Yes	LA_ 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 ser	vices?	X No
•			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, 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 an	nd
		to others, the total expenses, an	iu
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 45,802,839. including grants of \$ 45,270,433.) (Revenue \$ 1,821,8	880.)
	THE FOUNDATION INSPIRES CATHOLIC PHILANTHROPY AND INV		
	DISTRIBUTES CHARITABLE ASSETS AS GUIDED BY OUR DONORS	5 AND OUR CATHOLI	<u> </u>
	IDENTITY.		
	THE TOTAL PLANT THE THE PLANT THE COURT OF T	TO THE STREET	TD
	THE FOUNDATION FACILITATES PLANNED AND CURRENT GIFTS		עא.
	DONOR ADVISED FUNDS WHICH FINANCIALLY SUPPORT NEEDS :	IN OUR CATHOLIC	
	COMMUNITY. IN THE PAST YEAR, OVER 1,200 CATHOLIC PART		VID.
			.10
	OTHER ORGANIZATIONS BENEFITED FROM OVER 4,600 GRANTS	FROM THE	
	FOUNDATION, TOTALING NEARLY \$45.3M.		
	·		
4b	(Code:) (Expenses \$ including grants of \$	\ (Bayanya ¢	
TU	(Code:) (Expenses a including grants of a) (nevertue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	45 000 000	/	
4e	Total program service expenses 45,802,839.		
		Form 9	90 ₍₂₀₂₄₎

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	, ,	8		X
9	Schedule D, Part III	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	If "Yes," complete Schedule D, Part IV		21	
10		10	х	
44	or in quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	21	
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	22	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> ^</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	140	71	
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	4		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	I

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Pai	rt 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			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements

OF MINNESOTA

Regarding Other IRS Filings

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	28							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici	t			X				
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	ayor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7c	X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	2							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	8-C?	7h						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X				
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	0 717		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.			000					
			Farm	uull	(2024				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 24 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ MN , $\,$ F $\,$ L 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. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANNE CULLEN MILLER - (612)389-0300

Form **990** (2024)

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2610 UNIVERSITY AVE. W, ST. PAUL,

Form 990 (2024) OF MINNESOTA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D) (E)		(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable Reportable		Estimated			
	hours per	box	box, unless person is both an		n an	compensation	compensation	amount of		
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	-	oldm	st co	er	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			•
(1) ANNE CULLEN MILLER	40.00									
PRESIDENT				Х				425,534.	0.	20,507.
(2) CHRISTOPHER NELSON	40.00									
EXECUTIVE VP OF DEVELOPMENT & DONOR					Х			239,321.	0.	21,545.
(3) CASEY J SCOTT	40.00									
VP OF FINANCE AND ADMINISTRATION				Х				193,012.	0.	18,998.
(4) MEG PAYNE NELSON	40.00									
VP OF IMPACT						X		168,783.	0.	23,516.
(5) MIKE RICCI	40.00									
INVESTMENT OFFICER						X		164,876.	0.	27,185.
(6) JEANNE SCHAAF	40.00									
DIRECTOR OF INSTITUTIONAL STEWARSHIP						Х		121,456.	0.	15,276.
(7) BETHEL RUEST	40.00									
SENIOR PHILANTHROPIC ADVISOR						Х		111,623.	0.	24,648.
(8) REBECCA ABBOTT	40.00									
FUND ACCOUNTING MANAGER						Х		109,201.	0.	19,786.
(9) ARCHBISHOP BERNARD HEBDA	2.00									
CHAIR		Х		Х				0.	0.	0.
(10) MIKE FELMLEE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) KATHY COONEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) MONIQUE MADDOX	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) GREG MELSEN	2.00									
DIRECTOR THRU DEC 2024		Х						0.	0.	0.
(14) MARGARET MURPHY	2.00									
DIRECTOR		Х						0.	0.	0.
(15) MATT KUHN, J.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(16) RACHAEL SCHERER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) NANCY UTOFT	2.00									
DIRECTOR		X						0.	0.	0.

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Form 990 (2024) OF MINNE	SUIA								41-1/44	104 Page 0
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PAUL DWYER, CFA DIRECTOR	2.00	Х						0.	0.	0.
(19) THOMAS MERTENS	2.00	22						0.	<u> </u>	•
DIRECTOR	2.00	Х						0.	0.	0.
(20) REVEREND CHARLES LACHOWITZER	2.00									
DIRECTOR THRU DEC 2024		Х						0.	0.	0.
(21) SHEILA BERUBE	2.00									
DIRECTOR		Х						0.	0.	0.
(22) KATE WENGER	2.00	l								
DIRECTOR		Х						0.	0.	0.
(23) JASON MORRISON DIRECTOR	2.00	х						0.	0.	0.
(24) JJ KIRBY	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(25) JULIE CRAVEN	2.00									
DIRECTOR		Х						0.	0.	0.
(26) WILLIAM FAULKNER	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,533,806.	0.	171,461.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,533,806.	0.	171,461.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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

5 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

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARTISAN PARTNERS, 875 EAST WISCONSIN		
AVENUE, SUITE 800, MILWAUKEE, WI 53202	INVESTMENT MANAGER	327,142.
LCG, 400 GALERIA PARKWAY #1800, ATLANTA,		
GA 30339	INVESTMENT ADVISOR	219,401.
NUVEEN		
25604 NETWORK PLACE, CHICAGO, IL 60673	INVESTMENT MANAGER	212,359.
US BANK INSTITUTIONAL TRUST & CUSTODY		
60 LIVINGSTON AVENUE, ST. PAUL, MN 55107	CUSTODIAL SERVICES	185,314.
GW&K INVESTMENT MANAGEMENT		
222 BERKELEY STREET, BOSTON, MA 02116	INVESTMENT MANAGER	164,504.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 7		
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

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CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Form 990 OF MINNESOTA 41-1744184

Form 990 OF MINNE									41-174	1101
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization	(W-2/1099-MISC)	from the
	related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	<u></u>	Key employee	est co	er			o.gaa
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) JACKIE GIBNEY	2.00									
DIRECTOR		Х						0.	0.	0
(28) FRANK FORSBERG	2.00									
DIRECTOR		Х						0.	0.	0
(29) ELIZABETH KEYES	2.00									
DIRECTOR THRU DEC 2024		Х						0.	0.	0
(30) JEFF HAWKINS	2.00									
DIRECTOR		Х						0.	0.	0
(31) CYNTHIA BAILEY MANNS	2.00									
DIRECTOR		Х						0.	0.	0
(32) ANN HILGER	2.00									
DIRECTOR		Х						0.	0.	0
(33) BISHOP MICHAEL IZEN	2.00	1								
DIRECTOR		Х						0.	0.	0
(34) ROSHEN RAJKUMAR	2.00	1								
DIRECTOR		Х						0.	0.	0
(35) MARYA ROBBEN	2.00	1						_		
DIRECTOR		Х						0.	0.	0
		1								
		<u> </u>			_					
		4								
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 67,525,053. 1f 21,261,916. g Noncash contributions included in lines 1a-1f 67,525,053. h Total. Add lines 1a-1f **Business Code** 2 a MANAGEMENT FEES 541900 1,821,880. 1,821,880. Program Service Revenue b f All other program service revenue 1,821,880, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,853,804 150,341. 13703463 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 183,598,368. assets other than inventory b Less: cost or other basis 7b 159,542,558. Other Revenue and sales expenses 24,055,810. 24055810. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 107256547. 1,821,880. 150,341. 37759273. **12 Total revenue**. See instructions

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Form 990 (2024)

Part IX | Statement of Functional Expenses

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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 (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 45,270,433. 45,270,433. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 84,417. 982,512. 412,175. 485,920. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,916,399. 282,475. 634,196. 999,728. Other salaries and wages 7 Pension plan accruals and contributions (include 130,132. 18,652. 42,798. 68,682. section 401(k) and 403(b) employer contributions) 210,438. 28,416. 71,136. 110,886. Other employee benefits 9 177,339. 22,921. 62,216. 92,202. 10 Payroll taxes Fees for services (nonemployees): Management 40,162. 16,625. 23,537. Legal 57,068. 57,068. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,750,879. 2,750,879. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 87,642. 11,328. 30,748. column (A), amount, list line 11g expenses on Sch O.) 45,566. 330,266. 330,266. Advertising and promotion 12 87,221. 11,273. 30,600. 45,348. Office expenses 13 312,125. 40,342. 109,503. 162,280. Information technology 14 Royalties 15 129,349. 16,718. 67,251. 45,380. 16 Occupancy 10,067. 1,301. 3,532. 5,234. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 978. 7,567. 2,655. 3,934. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 38,787. 5,013. 13,608. 20,166. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 43,451. 5,616. 15,244. 22,591. DUES & MEMBERSHIPS 2,956. 27,030. 10,386. 13,688. All other expenses 52,608,867. 45,802,839. 4,308,749. 2,497,279. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2024)

Form 990 (2024)

Part X | Balance Sheet

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,570,175.	1	1,305,428
	2	Savings and temporary cash investments			53,990,991.	2	68,700,444
	3	Pledges and grants receivable, net			1,541,241.	3	1,731,975
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ပ္မ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	D ::			353,135.	9	447,034
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	339,730. 254,829.			
	b	Less: accumulated depreciation	92,648.	10c	84,901		
	11	Investments - publicly traded securities	468,540,786.	11	536,657,119		
	12	Investments - other securities. See Part IV, line	134,651,301.	12	137,829,546		
	13	Investments - program-related. See Part IV, line	925,497.	13	944,804		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,977,014.	15	4,009,426	
	16	Total assets. Add lines 1 through 15 (must eq			666,642,788.	16	751,710,677
	17	Accounts payable and accrued expenses			1,058,186.	17	1,262,007
	18	Grants payable	748,000.	18	764,500		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	of Schedule D	252,755,207.	21	275,539,455	
ပ္က	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
<u>a</u>		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	lated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			96,851,608.		115,495,083
_	26	Total liabilities. Add lines 17 through 25			351,413,001.	26	393,061,045
,,		Organizations that follow FASB ASC 958, ch	eck her	X			
š		and complete lines 27, 28, 32, and 33.			116 400 004		121 662 005
<u> </u>	27	Net assets without donor restrictions	116,422,204.	27	131,663,885		
ן בַּ	28	Net assets with donor restrictions	198,807,583.	28	226,985,747		
Ĭ		Organizations that do not follow FASB ASC	ck here				
느		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fund				29	
200	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated i			215 200 505	31	250 640 630
Š	32	Total net assets or fund balances			315,229,787.	32	358,649,632
	33	Total liabilities and net assets/fund balances			666,642,788.	33	751,710,677 Form 990 (20

OF MINNESOTA 41-1744184 Page 12 Form 990 (2024) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 107,256,547. Total revenue (must equal Part VIII, column (A), line 12) 1 52,608,867. Total expenses (must equal Part IX, column (A), line 25) 2 2 54,647,680. Revenue less expenses. Subtract line 2 from line 1 3 3 315,229,787. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 34,719,635. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments -45,947,470. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 358,649,632. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2024)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

Employer identification number

41-1744184

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.							
The	organ	nization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch					I)(A)(i).							
2	一	A school described in sect					N N							
3	一	A hospital or a cooperative				(b)(1)(A)(i	ii).							
4	H	A medical research organiz						the hospital's name						
•		city, and state:	a.i.o.i. opoiaioa iii oo.	nganionon man a noophan	4000,11004	000110		and mospital o maine,						
5		An organization operated for	or the benefit of a co	llege or university owner	l or operati	ed by a go	vernmental unit describ	ed in						
3	ш	section 170(b)(1)(A)(iv). (C		inege of university owner	or operati	cd by a gc	Verrimental and describe							
_						70/L\/4\/A\	<i>(</i>)							
6		A federal, state, or local gov	ŭ				• •	and the first of a section of the						
7	X													
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	\vdash	•			•									
9	Ш	An agricultural research org				-	-	-						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or						
		university:												
10		An organization that norma												
		activities related to its exen	•	•				•						
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.						
		See section 509(a)(2). (Co	-											
11	\vdash	An organization organized a	•	•	•									
12		An organization organized a	· ·	•	-		•							
		more publicly supported or						Check the box on						
	_	lines 12a through 12d that	* *				· · · · · ·							
а	ı		•		•	-								
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	ctors or trustees of the su	upporting						
	_	organization. You must o	complete Part IV, Se	ections A and B.										
b	· L		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing						
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported						
	_	organization(s). You mus	t complete Part IV,	Sections A and C.										
C	:		grated. A supportin	g organization operated	in connect	ion with, a	and functionally integrate	ed with,						
	_	_ its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.							
C	I		rintegrated. A supp	oorting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)						
		that is not functionally int	egrated. The organiz	cation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness						
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.							
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.								
f		er the number of supported o												
		vide the following information		<u> </u>	(iv) Is the area	ınization listed	L () A	1 (-2) A (- 4)						
	,	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)						

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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.)

Secti	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	aifts, grants, contributions, and	(=-, = = = =	(-,	(-,	(-,	(-,	(-,
	nembership fees received. (Do not						
	nclude any "unusual grants.")	29273096.	58046448.	41028171.	54054703.	67525053.	249927471
2 T	ax revenues levied for the organ-						
iz	zation's benefit and either paid to						
0	r expended on its behalf						
3 T	he value of services or facilities						
fı	urnished by a governmental unit to						
	ne organization without charge						
	otal. Add lines 1 through 3	29273096.	58046448.	41028171.	54054703.	67525053.	249927471
	he portion of total contributions						
	y each person (other than a						
	overnmental unit or publicly						
	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						64365645.
	Public support. Subtract line 5 from line 4.						185561826
	ion B. Total Support						<u> </u>
	ar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(4) 2022	(e) 2024	(f) Total
		29273096.	58016118	<u>(с)</u> 2022 И1028171	(d) 2023 54054703	67525053	(f) Total
	mounts from line 4	292/3090.	20040440.	41020171.	54054705.	07323033.	249921411
	Gross income from interest,						
	ividends, payments received on						
	ecurities loans, rents, royalties,	4676864.	5478675.	7624826.	0276707	12702462	39760535.
	nd income from similar sources	40/0004.	34/00/3.	7024020.	02/0/0/.	13/03403.	39/60333.
	let income from unrelated business						
	ctivities, whether or not the		20 212	716 062	2764022	150 241	2650540
	usiness is regularly carried on		28,313.	716,863.	2/64023.	150,341.	3659540.
	Other income. Do not include gain						
	r loss from the sale of capital						
	ssets (Explain in Part VI.)						293347546
	otal support. Add lines 7 through 10						
	Gross receipts from related activities,						,785,812.
	irst 5 years. If the Form 990 is for the		st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	rganization, check this box and sto						
	ion C. Computation of Publ					T I	62.26
	bublic support percentage for 2024 (•	.,,		14	63.26 %
	Public support percentage from 2023					15	66.90 %
	3 1/3% support test - 2024. If the						
	top here. The organization qualifies						
	3 1/3% support test - 2023. If the	-					
a	nd stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a 1	0% -facts-and-circumstances test	t - 2024. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
a	nd if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
m	neets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		Ш
b 1	0% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
m	nore, and if the organization meets t	he facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
0	rganization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18 P	rivate foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

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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.)

qualify und	ler the tests listed be	elow, please comp	olete Part II.)				
Section A. Public						T	
Calendar year (or fiscal y	·	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, cont	·						
membership fees	,						
include any "unus	ual grants.")						
2 Gross receipts fro merchandise sold	or services per-						
formed, or facilitie any activity that is organization's tax	related to the						
3 Gross receipts fro	m activities that						
are not an unrelat	ed trade or bus-						
iness under section	on 513						
4 Tax revenues levie	ed for the organ-						
ization's benefit a	nd either paid to						
or expended on it	s behalf						
5 The value of servi	ces or facilities						
furnished by a gov							
the organization w							
6 Total. Add lines 1							
7a Amounts included	-						
	squalified persons						
b Amounts included on lin from other than disqualit							
exceed the greater of \$5	'						
	e year						
c Add lines 7a and 3							
8 Public support. (S Section B. Total S							
		(a) 2020	(h) 0001	(a) 2022	(4) 2022	(a) 2024	(f) Total
Calendar year (or fiscal y	· ·	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 10a Gross income fror dividends, payme securities loans, re and income from a	n interest, nts received on						
b Unrelated business t							
	(es) from businesses						
acquired after June	,						
c Add lines 10a and							
11 Net income from activities not inclu whether or not the regularly carried o	unrelated business ided on line 10b, business is						
12 Other income. Do or loss from the sa	not include gain ale of capital						
assets (Explain in 13 Total support. (Add I	Part VI.)						
14 First 5 years. If th		e organization's fi	rst second third	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
check this box an		· ·					,
Section C. Comp							
15 Public support pe				column (fl)		15	%
16 Public support pe	-		· ·			16	%
Section D. Comp						1 .0 1	/(
17 Investment incom				ne 13. column (fl)		17	%
18 Investment incom				110 10, 001011111 (1))		18	
19a 33 1/3% support							
	%, check this box ar						
b 33 1/3% support	tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	e than 33 1/3%, che			·		· ·	
20 Private foundation	n If the organization	n did not chack a	hay on line 1/1 10	a or 10h chack th	aic hav and can inc	tructions	1 1

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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		1,4410	- P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
_	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a			100	110
_	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	, , , , , , , , , , , , , , , , , , ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ole		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b		<u>.</u>		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	1

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	,
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	ınization (see
	instructions).			

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions		(oonen		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2024	าร	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
<u>b</u>	Excess from 2021				
c	Excess from 2022				
d	Excess from 2023				

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e Excess from 2024

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Part VI	Supplemental Information	171 D 1111 1 10
I alt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	1/b; 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 addition	nal information
	Oction D, lines 2, 0, and 6, and Fart V, Section E, lines 2, 3, and 6. Also complete this part for any addition	iai iiiioiiiiatioii.
	(See instructions.)	

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Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

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

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

Page 2

Name of organization
CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Employer identification number
41-1744184

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,569,958.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + +	\$ 5,599,948.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 4_	Name, address, and ZIP + 4	\$ 2,400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

Employer identification number

41-1744184

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4000 SH VXF, 2500 SH BRKB, 5000 SH PEP, 3000 SH VCR, 8000 SH VYM, 40000 SH USB, 5000 SH LOW,		
		\$ <u>10,777,304</u> .	10/23/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (Rev. 12-2024)

Name of organization **Employer identification number** CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 41-1744184 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Employer identification number 41 - 1744184

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	413	221
2	Aggregate value of contributions to (during year)	45,970,499.	7,443,657.
3	Aggregate value of grants from (during year)	29,994,564.	10,605,802.
4	Aggregate value at end of year	132,768,365.	127,346,288.
5	Did the organization inform all donors and donor advisors in w		d funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	_ `	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	T. 1.		
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqui		
-	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	sacca, examigationea, or terminated by the t	organization daring the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	3, 1 3,	3	3
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservati	on easements during the year
-	3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)((4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footne	· · · · · · · · · · · · · · · · · · ·	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	8. not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		3a, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
J	, 1000to moladou in i onin 000, i alt /		Ψ

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

	dule D (Form 990) (Rev. 12-2024) OF MIN	NESOTA			41-1	L744184 Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e significant use of i	ts
	collection items (check all that apply).					
а	Public exhibition	d	Loan or excl	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt purpose in P	art XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar assets	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	llection?		Yes No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organization	answered "Yes"	on Form 990, Part IV	V, line 9, or
			lion , for contribution	o or other coests :	act included	
та	Is the organization an agent, trustee, custodi					Yes X No
	on Form 990, Part X?					Yes X No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			Amount
	D					Amount
	Beginning balance					
	Additions during the year					
_	Distributions during the year					
f	Ending balance					V
	Did the organization include an amount on Fo				•	X Yes No
Par	If "Yes," explain the arrangement in Part XIII.					X
Fai	T V Endowment Funds Complete if			i e		vols (a) Four years hook
		(a) Current year	(b) Prior year	(c) Two years back		
1a	Beginning of year balance	192,943,059.	176,931,246.	161,166,993		
b		20 247 021	3,134,955.	6,679,382		
С	Net investment earnings, gains, and losses	20,247,031.	18,377,808.			
	Grants or scholarships	6,289,087.	5,500,950.	5,018,532	4,551,50	5. 4,004,760.
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	11,531,639.				
g	End of year balance	195,369,364.	192,943,059.		5. 161,166,99	3. 172,939,195.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment	4.3270	_%			
b	Permanent endowment 62.0670	%				
С	Term endowment 33.6060	%				
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.				
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered fo	r the	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.	
	Description of property	(a) Cost or of basis (investment)			Accumulated depreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment		33	9,730.	254,829.	84,901.
	Other					
	I. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))		84,901.

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA

Part VII Investments - Other Securities

41-1744184 Page 3

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) TRUST	8,614,919.	END-OF-YEAR MARKI	ET VALUE
(C) REAL ESTATE INVESTMENTS	25,267,926.	END-OF-YEAR MARKI	
(D) HEDGE FUNDS AND PRIVATE	. , . ,		-
(E) EQUITY INVESTMENTS	103,946,701.	END-OF-YEAR MARKI	ET VALUE
(F)	, ,		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	137,829,546.		
Part VIII Investments - Program Related.	101/025/0101		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(a) Doon value	(0)	
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	11d Soc Form 990 Part V line 15	
	Description	Tu. See Form 930, Fart X, line 13.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	<u>l. (B)) </u>		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			111 == 111
(2) BENEFICIARY ENDOWMENTS			111,552,420.
(3) CHARITABLE GIFT ANNUITY AT	ND CHARITABLE	REMAINDER TRUST	
(4) OBLIGATIONS			3,683,186.
(5) LEASE LIABILITY			259,477.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	l. (B))		115,495,083.
2. Liability for uncertain tax positions. In Part XIII, provide			ts that reports the
organization's liability for uncertain tax positions under			

432053 01-02-25

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA		41-1744184	Page 4
Part XI Reconciliation of Revenue per Audited Finan	•	turn	
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial state		1 90,620,	229.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments		-	
b Donated services and use of facilities		-	
c Recoveries of prior year grants		-	
d Other (Describe in Part XIII.)			016
		2e 34,987, 3 55,632,	$\frac{310.}{313}$
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 33,032,	313.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	1	-	
		4c 51,624,	234.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	t Lline 12 \	5 107,256,	547.
Part XII Reconciliation of Expenses per Audited Final	ncial Statements With Expenses per F		
Complete if the organization answered "Yes" on Form 990,			
Total expenses and losses per audited financial statements		1 47,200,	384.
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		1	
c Other losses		1	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	0.
3 Subtract line 2e from line 1		з 47,200,	384.
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			
b Other (Describe in Part XIII.)	4b 2,657,604.		
		4c 5,408,	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18.)	5 52,608,	867.
Part XIII Supplemental Information			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		l; 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:		IT 7 A M T ON C	
THE FOUNDATION MANAGES FUNDS AS AN ACCURATE MISCHARLE CONTROL OF THE CONTROL OF T			
WHOSE MISSION IS TO MEET THE SPIRITUA OUR MINNESOTA CATHOLIC COMMUNITY. AS			
INVESTS THE FUNDS IN THE ORGANIZATION			
ACCORDANCE WITH THE AGENCY AGREEMENT;			
ORGANIZATIONS. EITHER PARTY MAY CANCE			
ONGANIZATIOND: ETTIER TARTI MAI CANCE	EL AN AGENCI AGREEMENI AI	ANI IIME.	
PART V, LINE 4:			
ENDOWMENT FUNDS ARE ESTABLISHED FOR	THE BENEFIT OF ONE OR MOR	E CHARITABL	E
ORGANIZATIONS. ANY DONOR OR ORGANIZA			
ESTABLISHED FUND, OR A DONOR OR ORGAN			
FUND WITH A MINIMUM CONTRIBUTION OF			
ENDOWMENT FUNDS ARE DISTRIBUTED TO THE			
ESTABLISHMENT OF AN ENDOWMENT FUND I			
PERPETUAL SUPPORT OF IMPORTANT CHARIS			
PART X, LINE 2:			
THE FOUNDATION IS A TAX-EXEMPT ORGAN	IZATION UNDER SECTION 501	(C)(3) OF T	HE
INTERNAL REVENUE CODE AND ONLY UNREL	ATED BUSINESS INCOME IS S	UBJECT TO	
FEDERAL AND STATE INCOME TAX. THE FO			
AND CONTRIBUTIONS TO THE FOUNDATION (QUALIFY AS A CHARITABLE T	AX DEDUCTIO	<u> N</u>
BY THE CONTRIBUTOR.			
THE FOUNDATION FOLLOWS THE ACCOUNTING	* STANDARDS FOR CONTINCEN	ICTES IN	

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA

41-1744184 Page 5

Part XIII Supplemental Information (continued)	
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES	
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION	
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT	
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY	
DUE TO THE IMPLEMENTATION OF THIS STANDARD. THE FOUNDATION'S	TAX RETURNS
ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE A	JTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	268,281.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
AMOUNTS RECEIVED FOR BENEFICIAL ENDOWMENTS	11,189,773.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIARY	
ENDOWMENTS	37,683,582.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	48,873,355.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS MADE ON BENEFICIARY ENDOWMENTS	2,657,604.
	= 7 00 : 7 00 = 0
Cahadu	le D (Form 990) (Rev. 12-2024)

SCHEDULE F (Form 990) (Rev. December 2024)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

OF MINNESOTA				41-1/4418	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its gra		, —
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
-	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
United States.					
			n be duplicated if additional space is n		(C) Takal
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	émployees, agents, and independent	gram services, investments, grants to		for and
	une region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in the region
GENERAL AMERICA AND					
CENTRAL AMERICA AND			TANZEGEMENEG	NT / 2	41 075 400
THE CARIBBEAN	0	0	INVESTMENTS	N/A	41,075,498.
EUROPE	0	0	INVESTMENTS	N/A	5,540,269.
EURUFE	•	0	INVESIMENTS	N/A	3,340,209.
3 a Subtotal	0	0			46,615,767.
b Total from continuation					, , , , , , , , ,
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			46,615,767.
,	i				

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

Schedule F (Form 990) (Rev. 12-2024) **OF MINNESOTA**

41-1744184

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
O Fotostal assalts as								

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

³ Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024) **OF MINNESOTA** 41-1744184 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) (Rev. 12-2024) **OF MINNESOTA**

41-1744184 Page 4

Par	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 the Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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 the Instructions for Form 8621)	X 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 the Instructions for Form 8865)	X Yes No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes X No

Part V | Supplemental Information

CATHOLIC COMMUNITY FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) OF MINNESOTA

41-1744184 Page 5

		invest	ments vs. e	kpenditures	per regi	ion); Part II, line	1 (accounting	method); Part III (accountii	(accounting method; amounts of ng method); and Part III, column (c) nal information. See instructions.
РАВТ	Т		NE 3:							
				I IICEC	тиг	ACCRITAT.	МЕТНОП	FOR	TRACKING	EXPENDITURES.
11115	OK	GMILT	ZATION	OBES I	11112	ACCROAL	METHOD	FOR	INACKING	EXPENDITORES.

SCHEDULE I (Form 990)

(Rev. December 2024) Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Fo	rm990 for instructi	ons and the lates	t information.		Inspection
Name of the organization CATHOLIC OF MINNE		FOUNDATION					Employer identification number $41-1744184$
Part I General Information on Grants	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	sistance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND
AUGUSTINIANS OF THE ASSUMPTION ATTN; TREASURER, 330 MARKET ST. BRIGHTON, MA 02135	23-7050264	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BROTHERHOOD OF HOPE PO BOX 17361 SMITHFIELD, RI 02917	22-2596127	501(C)(3)	12,200.	0.			GENERAL OPERATING, CAMPAIGN GIFT, PROGRAM SUPPORT
ARCHDIOCESE OF ST. PAUL AND MINNEAPOLIS LORD RENEW YOUR CHURCH - 777 FOREST STREET - ST. PAUL, MN 06037-9924		501(C)(3)	794,500.	0.			CAMPAIGN GIFT, GENERAL OPERATING
MARY'S MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	6,000.	0.			PROGRAM SUPPORT, GENERAL OPERATING
ALL AFRICA CONFERENCE-SISTER TO SISTER - 1645 US HWY 22W - WATCHUNG, NJ 07069	81-4150665	501(C)(3)	7,000.	0.			DISASTER RELIEF
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	•	•	e line 1 table				504.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) OF MINNESOTA 41-1744184

Schedule I (Form 990) OF MINNES	OIA					-	11-1/44104 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE							
461 EIGHTH AVENUE							
NEW YORK, NY 10001	13-2725416	501(C)(3)	10,647.	0.			GENERAL OPERATING
THRIVE FOR LIFE							
30 WEST 16TH STREET							
NEW YORK, NY 10011	81-5342358	501(C)(3)	200,000.	0.			GENERAL OPERATING
CITY AND COUNTRY SCHOOL							
146 W 13TH STREET							
NEW YORK, NY 10011	13-5562983	501(C)(3)	50,000.	0.			MATCHING GIFT
NEW TORK, NI 10011	13 3302303	301(0/(3/	30,000.	· ·			MATCHING GIFT
LUPUS RESEARCH ALLIANCE							
270 MADISON AVENUE, SUITE 300							
NEW YORK, NY 10016	58-2492929	501(C)(3)	40,000.	0.			RESTRICTED RESEARCH
	00 2132323	002(0)(0)	10,000.	· ·			
CATHOLIC NEAR EAST WELFARE							
ASSOCIATION - 1011 FIRST AVENUE -							GENERAL OPERATING,
NEW YORK, NY 10017	13-1623929	501(C)(3)	9,600.	0.			DISASTER RELIEF
,			1				
RAZOM							
P.O. BOX 24150							
NEW YORK, NY 10087-4150	46-4604398	501(C)(3)	10,911.	0.			GENERAL OPERATING
CATHOLIC LEAGUE FOR RELIGIOUS &							
CIVIL RIGHTS - 450 SEVENTH AVE,							
34TH FLOOR - NEW YORK, NY 10123	23-7279981	501(C)(3)	5,577.	0.			GENERAL OPERATING
SALESIAN MISSIONS							
2 LEFEVRE LANE							PROGRAM SUPPORT, GENERA
NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	5,627.	0.			OPERATING
MIGGIONARY GIGHRRS OF ST. CO							
MISSIONARY SISTERS OF ST. COLUMBAN							
2546 LAKE ROAD	04 04 10 - 0 -	501/6)/0)	15.005	_			DDOGDAY GYDD
SILVER CREEK, NY 14136	04-2142796	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) OF MINNES							11-1744184 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
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CHARISCENTER USA							
P.O. BOX 628							
LOCUST GROVE, VA 15044	35-1345952	501(C)(3)	18,738.	0.			GENERAL OPERATING
AMERICAN FOUNDATION FOR CHILDREN							
WITH AIDS - MMCT - 1520 GREENING							
LANE - HARRISBURG, PA 17110	30-0247823	501(C)(3)	10,000.	0.			GENERAL OPERATING
WORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVENUE NW, 7TH FL	27 2521122	E01/Q\/3\	10 500				GENERAL OPERATING, DISASTER RELIEF
WASHINGTON, DC 20001	27-3521132	501(C)(3)	19,500.	0.			DISASTER RELIEF
FOCOLARE FOUNDATION							
609 H STREET NORTHEAST, SUITE 325							
WASHINGTON, DC 20002	27-0944965	501(C)(3)	25,000.	0.			ENDOWMENT GIFT
MISSIONARIES OF AFRICA							
1622 - 21ST STREET NW							
WASHINGTON, DC 20009	53-0219725	501(C)(3)	5,377.	0.			GENERAL OPERATING
,			1				
MISSIONARY OBLATES OF MARY							
IMMACULATE - 391 MICHIGAN AVE NE -							GENERAL OPERATING,
WASHINGTON, DC 20017	52-2133725	501(C)(3)	7,305.	0.			RETIRED RELIGIOUS
FADICA PO BOX 33667							
WASHINGTON, DC 20033	52-1062824	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
WASHINGTON, DC 20033	32-1002024	501(0)(3)	11,000.	0.			FROGRAM SUFFORT
CROSS CATHOLIC OUTREACH							GENERAL OPERATING,
P.O. BOX 97168							DISASTER RELIEF, PROGRAM
WASHINGTON, DC 20090-7168	65-1156061	501(C)(3)	10,240.	0.			SUPPORT
MODE ON HERE GARNOLIG MINISTERS							
WORD ON FIRE CATHOLIC MINISTRIES							CENEDAL ODEDATING
PO BOX 97330 WASHINGTON DC 20090_7330	26-1448551	501(C)(3)	47,751.	0.			GENERAL OPERATING, PROGRAM SUPPORT
WASHINGTON, DC 20090-7330	20-1440331	POT(C)(3)	4/,/31.	l 0.			EVOQUUM BOLLOKI

Schedule I (Form 990) OF MINNESOTA 41-1744184

Schedule I (Form 990) OF MINNES	OIA					-	EI-I/44I04 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM UNIVERSITY FOUNDATION							
6001 AMMENDALE ROAD #200							PROGRAM SUPPORT, GENERAL
BELTSVILLE, MD 20705-1202	22-3600739	501(C)(3)	10,000.	0.			OPERATING
			1	-			
SISTERS OF MARY WORLD VILLAGES FOR							
CHILDREN - 4200 PARLIAMENT PLACE,							
SUITE 230 - LANHAM, MD 20706	52-1440944	501(C)(3)	10,000.	0.			GENERAL OPERATING
UNITED HELP UKRAINE							
PO BOX 83426							
GAITHERSBURG, MD 20883	47-1837509	501(C)(3)	10,000.	0.			GENERAL OPERATING
IGNATIAN VOLUNTEER CORPS							
740 NORTH CALVERT #500	52-1885486	501(C)(3)	26,250.	0.			GENERAL OPERATING
BALTIMORE, MD 21202	32-1883486	501(C)(3)	20,250.	0.			GENERAL OPERATING
JOSEPHITES SOCIETY OF ST. JOSEPH							
OF THE SACRED HEART - P.O. BOX							
65010 - BALTIMORE, MD 21209	52-0951436	501(C)(3)	5,377.	0.			GENERAL OPERATING
,			1,111				
MISSIONHURST							
4651 25TH ST. N.							
ARLINGTON, VA 22207	54-0916857	501(C)(3)	354,000.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES-USA							
2050 BALLENGER AVENUE, SUITE 400							DISASTER RELIEF, GENERAL
ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	29,300.	0.			OPERATING
HUMAN LIFE INTERNATIONAL							
4 FAMILY LIFE LANE							GENERAL OPERATING,
FRONT ROYAL, VA 22630	52-1241765	501(C)(3)	19,463.	0.			ENDOWMENT GIFT
CAMBOLIC COMMINITES POSSIBLE OF							
CATHOLIC COMMUNITY FOUNDATION OF THE DIOCESE OF RICHMOND - 7800							
CAROUSEL LANE - RICHMOND, VA 23294	47-1403628	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
CANCOSED DAME - KICHMOND, VA 23294	4,-1403070	hor(c)(3)	1 12,000.	Ι	1	1	FINOGRAM BOLLOKI

Schedule I (Form 990)

<u>Schedule I (Form 990)</u> **OF MINNESOTA** 41-1744184

	4					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.5
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCERNING DEACONS							
3710 SHANNON RAOD							GENERAL OPERATING,
DURHAM, NC 27717	93-1419293	501(C)(3)	10,300.	0.			PROGRAM SUPPORT
SAMARITAN'S PURSE							DISASTER RELIEF, GENERA
P.O. BOX 3000							OPERATING, PROGRAM
BOONE, NC 28607	58-1437002	501(C)(3)	19,850.	0.			SUPPORT
DIOCESE OF CHARLESTON							
901 ORANGE GROVE ROAD							GENERAL OPERATING,
CHARLESTON, SC 29407	57-0352255	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HOLY SPIRIT CATHOLIC CHURCH							
3871 BETSY KERRISON PARKWAY	F7 (071016	E01/G)/3)	7 200				
JOHNS ISLAND, SC 29455	57-6071016	501(C)(3)	7,200.	0.			GENERAL OPERATING
GHANA FRIENDSHIP PROJECT							
2443 MOUNT VERNON RD							
ATLANTA, GA 30338	45-2557858	501(C)(3)	10,000.	0.			GENERAL OPERATING
CRU FOUNDATION							MISSIONARY SUPPORT,
PO BOX 628222							GENERAL OPERATING,
ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	10,050.	0.			PROGRAM SUPPORT
FOOD FOR THE POOR, INC.							GENERAL ODERAMING
FOUNDATIONS DEPARTMENT	F0 0174510	E01/G)/3)	10.000				GENERAL OPERATING,
COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	12,080.	0.			FOOD/CLOTHING
SHRINERS HOSPITALS FOR CHILDREN							
2900 ROCKY POINT DRIVE							
TAMPA, FL 33607	36-2193608	501(C)(3)	7,821.	0.			GENERAL OPERATING
CHURCH OF ST. JOHN THE EVANGELIST							
625 111TH AVENUE N							
NAPLES, FL 34108	65-0082023	501(C)(3)	30,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

Schedule I (Form 990) OF MINNESOTA 41-1744184

Schedule I (Form 990) OF MINNE							11-1744104 Page
Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 ROSARY UGANDA							
4810 FRATTINA ST.							GENERAL OPERATING,
AVE MARIA, FL 34142	93-4114816	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
	70 1111010	002(0)(0)	10,000.	•			
AVE MARIA CATHOLIC CHURCH							
5078 POPE JOHN PAUL II BLVD							
AVE MARIA, FL 34142	26-2442759	501(C)(3)	10,000.	0.			CAMPAIGN GIFT
,							
AVE MARIA UNIVERSITY INC.							
5050 AVE MARIA BLVD							
AVE MARIA, FL 34142	03-0482006	501(C)(3)	10,000.	0.			GENERAL OPERATING
CATHOLIC CHARITIES DIOCESE OF							
VENICE - 1000 PINEBROOK ROAD -							DISASTER RELIEF, GENERAL
VENICE, FL 34285	59-2473176	501(C)(3)	7,000.	0.			OPERATING
EWTN - ETERNAL WORD TELEVISION							
NETWORK - 5817 OLD LEEDS ROAD -							
IRONDALE, AL 35210	63-0801391	501(C)(3)	8,021.	0.			GENERAL OPERATING
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	501(C)(3)	17,521.	0.			GENERAL OPERATING
DUCKS UNLIMITED INC.							
ONE WATERFOWL WAY							
MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000.	0.			GENERAL OPERATING
SACRED HEART SOUTHERN MISSIONS							
P.O. BOX 190							
WALLS, MS 38686	64-0854543	501(C)(3)	5,377.	0.			GENERAL OPERATING
20122DE2 E05 H05E							
CONCERTS FOR HOPE							
PO BOX 172		504 (5) (5)		_			
SIMPSONVILLE, KY 40067	47-5548831	501(C)(3)	6,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

Schedule I (Form 990) OF MINNES	SOTA					4	1-1744184 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYNAMIC CATHOLIC INSTITUTE							
5081 OLYMPIC BLVD.							
ERLANGER, KY 41018	26-4549213	501(C)(3)	10,325.	0.			GENERAL OPERATING
DAMASCUS CATHOLIC MISSION CAMPUS							
(CATHOLIC YOUTH SUMMER CAMP) -							
7550 RAMEY ROAD - CENTERBURG, OH							
43001	20-8398029	501(C)(3)	500,000.	0.			CAPITAL IMPROVEMENTS
IGNATIAN SOLIDARITY NETWORK							
1 JOHN CARROLL BLVD.							PROGRAM SUPPORT, GENERAL
UNIVERSITY HEIGHTS, OH 44118	34-2000767	501(C)(3)	35,000.	0.			OPERATING
VI							
NATIONAL EUCHARISTIC CONGRESS							GENERAL OPERATING
NOTRE DAME FEDERAL CREDIT UNION	53-0196617	501(C)(3)	35,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
NOTRE DAME, IN 46556	33-0196617	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF NOTRE DAME							ENDOWMENT GIFT, GENERAL
DEPARTMENT OF DEVELOPMENT							OPERATING, PROGRAM
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	277,719.	0.			SUPPORT, SCHOLARSHIP FUND
GUEST HOUSE, MI							
1601 JOSLYN ROAD							
LAKE ORION, MI 48360	38-1557146	501(C)(3)	12,414.	0.			GENERAL OPERATING
HILLSDALE COLLEGE							
33 EAST COLLEGE STREET	20 1251020	501/61/21	00.000				
HILLSDALE, MI 49242	38-1374230	501(C)(3)	20,000.	0.			GENERAL OPERATING
ALL SAINTS CATHOLIC CHURCH							
715 WISCONSIN AVE							
GLADSTONE, MI 49837	38-1515404	501(C)(3)	10,000.	0.			GENERAL OPERATING
,		, , , , , ,					
AMERICAN RED CROSS							
P.O. BOX 37839							DISASTER RELIEF, GENERAL
BOONE, IA 50037	53-0196605	501(C)(3)	5,250.	0.			OPERATING

Schedule I (Form 990) OF MINNES	OTA					4	11-1744184 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
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DES MOINES AREA RELIGIOUS COUNCIL 100 ARMY POST ROAD	40.0500011	501/01/21	20,000				
DES MOINES, IA 50315	42-0788211	501(C)(3)	30,000.	0.			GENERAL OPERATING
LORAS COLLEGE DEVELOPMENT OFFICE	42 0590412	E01/G)/2)	62 645				THITTON ACCIONANCE
DUBUQUE, IA 52001	42-0680412	501(C)(3)	63,645.	0.			TUITION ASSISTANCE GENERAL OPERATING,
CATHOLIC RELIEF SERVICES P.O. BOX 5200							DISASTER RELIEF, CAMPAIGN GIFT, PROGRAM SUPPORT,
HARLAN, IA 52772-0517	13-5563422	501(C)(3)	817,244.	0.			FOOD/CLOTHING
SOCIETY OF THE DIVINE SAVIOR 1303 MILWAUKEE DRIVE							
SALVATORIAN CENTER, WI 53062	39-0806210	501(C)(3)	5,377.	0.			GENERAL OPERATING
ST. ANNE CATHOLIC CHURCH 9091 PRAIRIE RIDGE BLVD.	20.1000064	501 (0) (2)	6,000				
PLEASANT PRAIRIE, WI 53158	39-1922264	501(C)(3)	6,000.	0.			GENERAL OPERATING
SCHOENSTATT SISTERS OF MARY W284 N404 CHERRY LANE							
WAUKESHA, WI 53188	39-6068703	501(C)(3)	11,998.	0.			GENERAL OPERATING
MILWAUKEE ROWING CLUB 1911 E MARION ST							
SHOREWOOD, WI 53211	39-1666218	501(C)(3)	8,000.	0.			GENERAL OPERATING
THE NORBERTINE FATHERS/SAINT NORBERT ABBY - 1016 NORTH BROADWAY							
- DE PERE, WI 54115	93-0755715	501(C)(3)	5,377.	0.			GENERAL OPERATING
DIOCESE OF LA CROSSE 3710 EAST AVE S							
LA CROSSE, WI 54601	39-0807229	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990) OF MINNES	OTA					4	11-1744184 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE							
OF LA CROSSE - ATTN: DEVELOPMENT -							
LA CROSSE, WI 54601	39-1896823	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REGIS CATHOLIC SCHOOLS							
2728 MALL DRIVE SUITE 200							
EAU CLAIRE, WI 54701	39-0808516	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
HOPE FARM SCHOOL							
W11086 FOSTER ROAD							
STOCKHOLM, WI 54769	47-3425146	501(C)(3)	10,000.	0.			GENERAL OPERATING
CATHEDRAL SCHOOL							
1419 BAXTER AVENUE							
SUPERIOR, WI 54880	39-0808459	501(C)(3)	25,775.	0.			TUITION ASSISTANCE
AMEDICAN LECTON							
AMERICAN LEGION 263 3RD STREET NORTH							
BAYPORT, MN 55003	41-0789281	501(C)(3)	10,000.	0.			GENERAL OPERATING
BAIFORI, MN 33003	41-0709201	501(C)(3)	10,000.	0.			GENERAL OFERATING
PREGNANCY RESOURCE CENTER OF							
CAMBRIDGE - 140 BUCHANAN STREET NO							
SUITE 138 - CAMBRIDGE, MN 55008	41-1757917	501(C)(3)	12,000.	0.			GENERAL OPERATING
							GENERAL OPERATING,
CHURCH OF ST. PATRICK							PROFESSIONAL DEVELOPMENT,
19921 NIGHTINGALE STREET NW							RESOURCES/WORKBOOKS FOR
OAK GROVE, MN 55011	41-1230136	501(C)(3)	37,000.	0.			SMALL GROUP AND
ST. JOSEPH OF THE LAKES							PROGRAM SUPPORT, GENERAL
171 ELM STREET							OPERATING, PROFESSIONAL
LINO LAKES, MN 55014	41-0875376	501(C)(3)	8,050.	0.			DEVELOPMENT
ELIO LIMID, FIN 33017	11 00,3370	551(0)(3)	0,050.	0.			PETEROTIUM I
RUTH'S HOUSE OF HOPE, INC.							
P.O. BOX 593							
FARIBAULT, MN 55021	87-0709671	501(C)(3)	5,300.	0.			GENERAL OPERATING

<u>Schedule I (Form 990)</u> **OF MINNESOTA** 41-1744184

Part II Continuation of Grants and Othe					(,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE MERCY CATHOLIC SCHOOL OF							CAMPAIGN GIFT,
FARIBAULT - 15 SW 3RD AVENUE -							SCHOLARSHIP FUND, TUITION
FARIBAULT, MN 55021	41-0954118	501(C)(3)	36,500.	0.			ASSISTANCE
BETHLEHEM ACADEMY							
105 - 3RD AVENUE SW							GENERAL OPERATING,
FARIBAULT, MN 55021	41-1794765	501(C)(3)	11,119.	0.			TUITION ASSISTANCE
DIVINE MERCY CATHOLIC CHURCH							CAPITAL IMPROVEMENTS,
139 MERCY DRIVE							GENERAL OPERATING,
FARIBAULT, MN 55021-6029	81-0572840	501(C)(3)	23,967.	0.			CAMPAIGN GIFT
CHURCH OF ST. MICHAEL							GENERAL OPERATING,
22120 DENMARK AVENUE							CEMETERY SUPPORT, PROGRAM
FARMINGTON, MN 55024	41-0777907	501(C)(3)	21,491.	0.			SUPPORT
HOLY TRINITY HERMITAGE							
PO BOX 397							GENERAL OPERATING,
FOREST LAKE, MN 55025	86-3467308	501(C)(3)	33,000.	0.			ENDOWMENT GIFT
FOREST DAKE, PM 55025	00 3407300	501(0)(3)	33,000.	0.			ENDOWMENT GIFT
CHURCH OF ST. PETER							CAMP / RETREAT
1250 SOUTH SHORE DRIVE							SCHOLARSHIP, EDUCATION
FOREST LAKE, MN 55025	41-0799304	501(C)(3)	32,866.	0.			PROGRAMS
ST. PETER SCHOOL							
1250 SOUTH SHORE DRIVE							
FOREST LAKE, MN 55025	41-0799304	501(C)(3)	6,250.	0.			TUITION ASSISTANCE
AIM - ALWAYS INTENTIONAL MAN							
101 E 10TH STREET							
HASTINGS, MN 55033	92-0812648	501(C)(3)	5,250.	0.			GENERAL OPERATING
	72 3312310		3,230:	0.			
ST. ELIZABETH ANN SETON SCHOOL							
600 TYLER STREET							TUITION ASSISTANCE,
HASTINGS, MN 55033	41-1587210	501(C)(3)	12,100.	0.			UPGRADING WIFI HUBS

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Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED HEROES LEAGUE 15211 RAVENNA TRAIL 27-0711063 501(C)(3) 10,000 0 GENERAL OPERATING HASTINGS, MN 55033 CHURCH OF ST. ELIZABETH ANN SETON CATECHESIS OF THE GOOD 2035 WEST 15TH STREET SHEPHERD TRAINING HASTINGS, MN 55033 41-1587210 501(C)(3) 9,870 0 GENERAL OPERATING ST. MARY OF THE LAKE CATHOLIC CHURCH - 419 WEST LYON AVENUE -LAKE CITY, MN 55041 41-0695529 501(C)(3) 6,000 0 GENERAL OPERATING CARMEL NUNS OF OUR LADY OF DIVINE PROVIDENCE - 8251 DEMONTREVILLE CAMPAIGN GIFT, GENERAL 41-6029893 0 OPERATING TRAIL N. - LAKE ELMO, MN 55042 501(C)(3) 25,500 DISCALCED CARMELITE NUNS OF ST. PAUL - 8251 MOUNT CARMEL ROAD -0. LAKE ELMO, MN 55042 41-6029893 501(C)(3) 15,000 GENERAL OPERATING JESUIT RETREAT HOUSE -DEMONTREVILLE - 8243 N. CAPITAL IMPROVEMENTS. DEMONTREVILLE TRAIL - LAKE ELMO CAMPAIGN GIFT, GENERAL MN 55042 0. OPERATING 41-0705789 501(C)(3) 57,154 ELIJAH INSTITUTE 16224 HOMINY PATH LAKEVILLE, MN 55044 92-1778213 501(C)(3) 18,500 0. GENERAL OPERATING GENERAL OPERATING, OUR SAINTS ALIVE YOUTH ALL SAINTS CATHOLIC CHURCH 19795 HOLYOKE AVE MISSIONS, CAMPAIGN GIFT, LAKEVILLE, MN 55044 41-0705872 501(C)(3) 139,301. 0. PROFESSIONAL DEVELOPMENT ALL SAINTS SCHOOL 19795 HOLYOKE AVE LAKEVILLE, MN 55044-8816 41-0705872 501(C)(3) 6 980. 0. TUITION ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. BRIDGET OF SWEDEN PO BOX 754 LINDSTROM, MN 55045	41-0773801	501(C)(3)	21,850.	0.			PROGRAM SUPPORT, GENERAL OPERATING
CHURCH OF THE IMMACULATE CONCEPTION - 202 ALABAMA STREET SE - LONSDALE, MN 55046	41-0718325	501(C)(3)	7,548.	0.			GENERAL OPERATING
CHURCH OF ST. NICHOLAS 51 CHURCH STREET ELKO NEW MARKET, MN 55054	41-0785163	501(C)(3)	6,242.	0.			ONE-DAY PILGRIMAGE TO THE SHRINE OF OUR LADY OF GUADALUPE , CAPITAL IMPROVEMENTS
CARLETON COLLEGE GIFT ACCOUNTING OFF 1-CENREC NORTHFIELD, MN 55057	41-0694747	501(C)(3)	6,000.	0.			GENERAL OPERATING, PROGRAM SUPPORT
ST. DOMINIC SCHOOL 216 NORTH SPRING STREET NORTHFIELD, MN 55057	41-0711501	501(C)(3)	30,590.	0.			NOTRE DAMES LATINO ENROLLMENT INSTITUTE (LEI) , GENERAL OPERATING , PROGRAM
CHURCH OF ST. DOMINIC 216 SPRING STREET N NORTHFIELD, MN 55057	41-0711501	501(C)(3)	5,150.	0.			CATECHESIS OF THE GOOD SHEPHERD ADULT TRAINING AND MEMBERSHIP, SUPPORT FOR OUR YOUTH GROUP AND
ST. JOHN'S LUTHERAN CHURCH 500 THIRD STREET WEST NORTHFIELD, MN 55057	41-0713879	501(C)(3)	15,500.	0.			GENERAL OPERATING, CAMPAIGN GIFT
FAITH IN ACTION IN RED WING 320 WEST AVENUE RED WING, MN 55066	41-1920774	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHURCH OF ST. JOSEPH 13900 BISCAYNE AVENUE WEST ROSEMOUNT, MN 55068	41-0727039	501(C)(3)	20,452.	0.			CAMPAIGN GIFT, GENERAL OPERATING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DCTC FOUNDATION FOUNDATION OFFICE, 1300 145TH STREET E (COUNTY RD 42) -							
ROSEMOUNT, MN 55068	41-1488605	501(C)(3)	10,000.	0.			GENERAL OPERATING
ST. JOSEPH SCHOOL 13900 BISCAYNE AVE W ROSEMOUNT, MN 55068-4934	41-0727039	501(C)(3)	17,350.	0.			TUITION ASSISTANCE, GENERAL OPERATING, PURCHASING UPDATED CHROMEBOOKS/WHITEBOARDS
PACEM IN TERRIS	41 0727033	301(0)(3)	17,330.	0.			CINOMEDOOKS/ WITTEBOAKDS
P.O. BOX 418 ST. FRANCIS, MN 55070	36-3311957	501(C)(3)	6,451.	0.			GENERAL OPERATING
CHURCH OF ST. THOMAS AQUINAS 920 HOLLEY AVENUE							GENERAL OPERATING, LITURGY OF THE WORD CURRICULUM, EXTREME FAIT
ST. PAUL PARK, MN 55071	41-0747178	501(C)(3)	23,500.	0.			CAMP, ENDOWMENT GIFT
CHURCH OF ST. JOHN VIANNEY 789 N 17TH AVENUE SOUTH ST. PAUL, MN 55075	41-0706913	501(C)(3)	5,311.	0.			PROGRAM SUPPORT
CHURCH OF THE HOLY TRINITY 749 6TH AVENUE SOUTH	44 0524525	501(0)(2)	04.100				GENERAL OPERATING, MCS MEALS ON WHEELS GENERAL OPERATING SUPPORT,
SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	24,190.	0.			GENERAL OPERATING
HOLY TRINITY SCHOOL 745 - 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075-3034	41-0734737	501(C)(3)	14,850.	0.			TUITION ASSISTANCE, PAYING FOR SECOND ROUND OF SECURITY UPDATES
CHURCH OF ST. PATRICK 3535 - 72ND STREET EAST							GENERAL OPERATING,
INVER GROVE HEIGHTS, MN 55076	41-0837975	501(C)(3)	7,130.	0.			CAPITAL IMPROVEMENTS
OPEN WINDOW THEATRE 5300 S ROBERT TRAIL #400 INVER GROVE HEIGHTS, MN 55077	20-0170554	501(C)(3)	13,275.	0.			SPONSORSHIP CONTRIBUTION GENERAL OPERATING, PROGRAM SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							CAPITAL IMPROVEMENTS,
CHURCH OF ST. MICHAEL							GENERAL OPERATING,
611 3RD STREET SOUTH							PROGRAM SUPPORT,
STILLWATER, MN 55082	41-0742511	501(C)(3)	112,555.	0.			EDUCATION PROGRAMS
CORRIE'S HOUSE							
216 MYRTLE STREET WEST #2101							GENERAL OPERATING,
STILLWATER, MN 55082	82-1188037	501(C)(3)	17,300.	0.			CAPITAL IMPROVEMENTS
OPTIONS FOR WOMEN ST. CROIX VALLEY							
P.O. BOX 158	41 1502502	E01/G)/2)	12 750				GENERAL OPERATING
STILLWATER, MN 55082	41-1593503	501(C)(3)	13,750.	0.			GENERAL OPERATING
VALLEY OUTREACH							
1911 CURVE CREST BLVD W							FOOD/CLOTHING, GENERAL
STILLWATER, MN 55082	41-1452973	501(C)(3)	12,000.	0.			OPERATING
							TUITION ASSISTANCE,
ST. CROIX CATHOLIC SCHOOL							GENERAL OPERATING,
621 THIRD STREET SOUTH							PROGRAM SUPPORT,
STILLWATER, MN 55082	41-1731931	501(C)(3)	274,207.	0.			ENDOWMENT GIFT
CHURCH OF ST. MARY							
423 SOUTH 5TH STREET							GENERAL OPERATING,
STILLWATER, MN 55082	41-0782871	501(C)(3)	9,422.	0.			PROGRAM SUPPORT
			, -				
ST. JOHN THE BAPTIST SCHOOL							
111 MAIN STREET WEST							
VERMILLION, MN 55085	41-0826791	501(C)(3)	6,250.	0.			TUITION ASSISTANCE
							CGS TRAINING AND
HOLY CROSS CATHOLIC SCHOOL							CLASSROOM MATERIALS, NET
6100 37TH STREET W							RETREAT AND SERVICE
WEBSTER, MN 55088	41-0954737	501(C)(3)	7,320.	0.			PROJECTS, TUITION
LISTENING HOUSE							
464 MARIA AVENUE							
SAINT PAUL, MN 55101	36-3291367	501(C)(3)	22,510.	0.			GENERAL OPERATING
511111 1110H, FM 55101	33 3231307	201(0)(0)	22,310.				CTITUTE OF DIGITIES

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Part II Continuation of Grants and Othe	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL OPERATING,
MINNESOTA PUBLIC RADIO							GENERAL OPERATING,
KLING PUBLIC MEDIA CENTER							CAMPAIGN GIFT, PROGRAM
ST. PAUL, MN 55101	41-0953924	501(C)(3)	8,500.	0.			SUPPORT
TPT TWIN CITIES PBS							
172 EAST 4TH STREET							
ST. PAUL, MN 55101	41-0769851	501(C)(3)	7,952.	0.			GENERAL OPERATING
			,				GENERAL OPERATING,
CHURCH OF ST. MARY							CAPITAL IMPROVEMENTS,
261 E 8TH STREET							VESTMENTS, VESSELS, AND
ST. PAUL, MN 55101	41-0744076	501(C)(3)	14,500.	0.			LINENS
QUIDQU OF GE LOUIG KING OF							GENERAL OPERATING
CHURCH OF ST. LOUIS, KING OF							GENERAL OPERATING, PROGRAM COSTS FOR
FRANCE - 506 CEDAR STREET - ST.	41-0782864	501(C)(3)	21 000	0.			PARTICIPANTS
PAUL, MN 55101	41-0782884	501(C)(3)	21,000.	0.			PARTICIPANTS
CHURCH OF THE ASSUMPTION							GENERAL OPERATING,
51 WEST SEVENTH STREET							CAMPAIGN GIFT, PROGRAM
ST. PAUL, MN 55102	41-0694736	501(C)(3)	101,476.	0.			SUPPORT
CARTIFECT OF CALVE DAVI							
CATHEDRAL OF SAINT PAUL 239 SELBY AVENUE							
ST. PAUL, MN 55102	41-0696905	501(C)(3)	9,977.	0.			GENERAL OPERATING
51. FAOL, PM 55102	41 0030303	501(0)(3)	3,377.	<u> </u>			GENERAL OF ERATING
LITTLE SISTERS OF THE POOR							GENERAL OPERATING,
330 EXCHANGE STREET SOUTH							SERVING OUR RESIDENTS
SAINT PAUL, MN 55102	41-0764112	501(C)(3)	27,487.	0.			SPIRITUAL NEEDS
,							
UNION GOSPEL MISSION							
376 WESTERN AVE N							GENERAL OPERATING,
SAINT PAUL, MN 55103	41-0705847	501(C)(3)	11,727.	0.			FOOD/CLOTHING
							PROGRAM SUPPORT, GENERAL
ST. AGNES SCHOOL							OPERATING, TUITION
530 LAFOND AVENUE							ASSISTANCE, SCHOLARSHIP
ST. PAUL, MN 55103	41-0694737	501(C)(3)	146,889.	0.			FUND

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. AGNES							GENERAL OPERATING,
535 THOMAS AVENUE							TUITION ASSISTANCE,
ST. PAUL, MN 55103	41-0694737	501(C)(3)	24,231.	0.			PROGRAM SUPPORT
FRANCISCAN BROTHERS OF PEACE							
QUEEN OF PEACE FRIARY							GENERAL OPERATING,
ST. PAUL, MN 55104	41-1577838	501(C)(3)	10,790.	0.			PROGRAM SUPPORT
PRO ECCLESIA SANCTA							L
C/O CHURCH OF ST. MARK	51 10005-0	504 (5) (0)	110 500				PROGRAM SUPPORT, GENERAL
SAINT PAUL, MN 55104	61-1880672	501(C)(3)	112,500.	0.			OPERATING
HABITAT FOR HUMANITY TWIN CITIES							PROGRAM SUPPORT, GENERAL
1954 UNIVERSITY AVE W							OPERATING, FOOD/CLOTHING,
SAINT PAUL, MN 55104	36-3363171	501(C)(3)	13,163.	0.			MATCHING GIFT
NATIONAL ALLIANCE ON MENTAL			, -	-			
ILLNESS (NAMI-MN) - 1919							
UNIVERSITY AVE W SUITE 400 - SAINT							
PAUL, MN 55104	41-1317030	501(C)(3)	5,990.	0.			GENERAL OPERATING
WALKER WEST MUSIC ACADEMY							
760 SELBY AVENUE							
ST. PAUL, MN 55104	41-1678368	501(C)(3)	4,000,000.	0.			CAPITAL IMPROVEMENTS
L'ARCHE TWIN CITIES							
1821 UNIVERSITY AVE W #177							
ST. PAUL, MN 55104	82-4360779	501(C)(3)	25,000.	0.			GENERAL OPERATING
DDEGG BOD GHOODIG TWIN CITIES							
DRESS FOR SUCCESS TWIN CITIES							
1430 CONCORDIA AVENUE #4302	80-0480295	501(C)(3)	E 300	0.			PROGRAM SUPPORT
SAINT PAUL, MN 55104	00-0400295	201(C)(3)	5,300.	0.			GENERAL OPERATING,
ST. PETER CLAVER SCHOOL							TUITION ASSISTANCE,
1060 WEST CENTRAL AVENUE							CLEANING AND PAINTING
ST. PAUL, MN 55104	41-0824943	501(C)(3)	92,558.	0.			UNDERGROUND TUNNEL

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESTHER HOMES							
PO BOX 40296							
SAINT PAUL, MN 55104	47-2969434	501(C)(3)	5,300.	0.			CAPITAL IMPROVEMENTS
UJAMAA PLACE							
1821 UNIVERSITY AVENUE SUITE 187							
SAINT PAUL, MN 55104	27-1216065	501(C)(3)	50,000.	0.			GENERAL OPERATING
CATHEDRAL HERITAGE FOUNDATION							GENERAL OPERATING,
P.O. BOX 40027	0.5 0.0=50.40	504 (5) (0)	10.506				PROGRAM SUPPORT, CAPITAL
SAINT PAUL, MN 55104	26-0275248	501(C)(3)	10,536.	0.			IMPROVEMENTS
AIN DAH YUNG CENTER							
1089 PORTLAND AVENUE							
ST. PAUL, MN 55104	41-1697692	501(C)(3)	22,510.	0.			PROGRAM SUPPORT
							ENDOWMENT GIFT, GENERAL
CHURCH OF ST. MARK							OPERATING, CAPITAL
2001 DAYTON AVENUE							IMPROVEMENTS, SCHOLARSHIP
ST. PAUL, MN 55104	41-0694739	501(C)(3)	50,777.	0.			FUND, PROCESSIONAL
DONDO GONDONIANI I NND MDIGO							
RONDO COMMUNITY LAND TRUST 1041 SELBY AVENUE							
ST. PAUL, MN 55104	41-1753148	501(C)(3)	6,000,000.	0.			GENERAL OPERATING
SISTERS OF ST. JOSEPH OF	41 1/33140	301(0)(3)	0,000,000.	٠.			GENERAL OF ERATING
CARONDELET MINISTRIES FOUNDATION -							PROGRAM SUPPORT,
1884 RANDOLPH AVENUE - ST. PAUL,							SCHOLARSHIP FUND, GENERAL
MN 55105	41-1765361	501(C)(3)	12,977.	0.			OPERATING
<u></u>	11 1703301	301(0)(3)	12,377.	•			
ST. THOMAS MORE CATHOLIC SCHOOL							
1065 SUMMIT AVENUE							TUITION ASSISTANCE,
SAINT PAUL, MN 55105	41-1691889	501(C)(3)	16,247.	0.			GENERAL OPERATING
							GENERAL OPERATING,
THE SAINT PAUL SEMINARY							PROGRAM SUPPORT, TUITION
2260 SUMMIT AVENUE							ASSISTANCE, CAMPAIGN
ST. PAUL, MN 55105	41-0693969	501(C)(3)	493,738.	0.			GIFT, MATCHING GIFT,

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Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) KGSA FOUNDATION 1263 OSCEOLA AVENUE 80-0390275 501(C)(3) 7,500 0 GENERAL OPERATING ST. PAUL, MN 55105 ST. MARY'S HEALTH CLINICS/CARONDELET LIFECARE MINISTRIES - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105 41-1760632 501(C)(3) 0 GENERAL OPERATING 20,624 EDEN INVITATION 1041 GRAND AVE. #258 ANNUAL RETREAT PASTORAL ST. PAUL, MN 55105 82-3824255 501(C)(3) 6,500 0 TEAM, GENERAL OPERATING TUITION ASSISTANCE SAINT JOHN VIANNEY SEMINARY GENERAL OPERATING. 2115 SUMMIT AVENUE, MAIL #5024 SCHOLARSHIP FUND. 0 SEMINARY TUITION ST. PAUL, MN 55105-1048 41-0943747 501(C)(3) 515,312. CATHOLIC SERVICES APPEAL 777 FOREST STREET GENERAL OPERATING 0. SAINT PAUL, MN 55106 41-0693908 501(C)(3) 274,439, PROGRAM SUPPORT DISASTER RELIEF, PROGRAM CENTER FOR MISSION SUPPORT, MISSIONARY 777 FOREST STREET SUPPORT, GENERAL OPERATING SAINT PAUL, MN 55106 41-0705806 501(C)(3) 84,287. 0. CHURCH OF ST. PASCAL BAYLON 1757 CONWAY STREET PROFESSIONAL DEVELOPMENT. ST. PAUL, MN 55106 41-0704479 501(C)(3) 19,762. 0. GENERAL OPERATING TUITION ASSISTANCE, NOTRE ST. PASCAL REGIONAL CATHOLIC DAMES LATINO ENROLLMENT SCHOOL - 1757 CONWAY STREET - ST. INSTITUTE (LEI) GENERAL PAUL, MN 55106 41-0704479 501(C)(3) 51,948. 0. OPERATING, LEI WEBINARS RESPECT LIFE OFFICE ARCHDIOCESE OF ST. PAUL & MPLS SAINT PAUL, MN 55106 501(C)(3) 0. 41-0693908 6,521. GENERAL OPERATING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) ARCHDIOCESAN LIFE FUND 777 FOREST STREET GENERAL OPERATING. 41-0693908 0 PROGRAM SUPPORT SAINT PAUL, MN 55106 501(C)(3) 6.242 CAPITAL IMPROVEMENTS. ARCHDIOCESE OF SAINT PAUL & MATCHING GIFT, PROGRAM MINNEAPOLIS - 777 FOREST STREET -SUPPORT, RETIRED SAINT PAUL, MN 55106 41-0693908 501(C)(3) 480,484 0 RELIGIOUS, GENERAL ST. PAUL URBAN TENNIS - SPUT 1675 5TH STREET EAST GENERAL OPERATING. SAINT PAUL, MN 55106 41-1725010 501(C)(3) 6,250 0 PROGRAM SUPPORT GUILD 122 WABASHA ST. S., SUITE 400 PROGRAM SUPPORT, GENERAL 0 OPERATING ST. PAUL, MN 55107 41-1669233 501(C)(3) 32,408 CHURCH OF ST. MATTHEW - EDUCATION 490 HALL AVENUE EDUCATION PROGRAMS 0. TUITION ASSISTANCE SAINT PAUL, MN 55107 41-0707559 501(C)(3) 99,974. CHURCH OF ST. MATTHEW 490 HALL AVENUE SCHOLARSHIP FUND, GENERAL SAINT PAUL, MN 55107 41-0707559 501(C)(3) 15,933. 0. **OPERATING** TOGETHER FOR GOOD 1407 CLEVELAND AVENUE NORTH SAINT PAUL, MN 55108 41-1794220 501(C)(3) 11 500 0. GENERAL OPERATING COMMON HOPE 1410 ENERGY PARK DRIVE SUITE 4 SAINT PAUL, MN 55108 41-1560297 501(C)(3) 70,727. 0. GENERAL OPERATING LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVENUE - ST. GENERAL OPERATING, REZEK 41-0872993 501(C)(3) 0. HOUSE TRANSITIONAL LIVING PAUL, MN 55108 26,000.

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREE TRUST							
1419 ENERGY PARK DRIVE							
ST. PAUL, MN 55108	41-1291626	501(C)(3)	9,000.	0.			GENERAL OPERATING
			,,,,,,,				
CHILDREN'S HOME SOCIETY & FAMILY							
SERVICES - 1605 EUSTIS STREET -							
ST. PAUL, MN 55108	41-0693906	501(C)(3)	8,040.	0.			GENERAL OPERATING
CHURCH OF THE HOLY CHILDHOOD							
1435 MIDWAY PARKWAY							
ST. PAUL, MN 55108	41-0721679	501(C)(3)	20,000.	0.			GENERAL OPERATING
							TUITION ASSISTANCE,
HILL-MURRAY SCHOOL							GENERAL OPERATING,
2625 LARPENTEUR AVENUE EAST							CAMPAIGN GIFT,
MAPLEWOOD, MN 55109	41-0829754	501(C)(3)	155,110.	0.			SCHOLARSHIP FUND
							YOUTH FORMATION, GENERAL
CHURCH OF THE PRESENTATION/BLESSED							OPERATING, CREATING SMALL
VIRGIN MARY - 1725 KENNARD STREET	44 050000	E01/G)/2)	07.036				GROUP MATERIALS FOR
- MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	27,936.	0.			NON-ENGLISH SPEAKING
CHITDCH OF CM DEMED							PROGRAM SUPPORT, GENERAL
CHURCH OF ST. PETER 2600 MARGARET STREET NORTH							OPERATING, TUITION ASSISTANCE, BOOK "WHAT
	41-0830644	501(C)(3)	64,839.	0.			HAPPENS AT MASS" BY
NORTH ST. PAUL, MN 55109	41-0030044	501(C)(3)	04,039.	0.			HAFFENS AT MASS BI
MOUNDS PARK ACADEMY							
2051 LARPENTEUR AVENUE EAST							
MAPLEWOOD, MN 55109	41-1420915	501(C)(3)	10,000.	0.			GENERAL OPERATING
,			= 1 7 1 1 1				
PRESENTATION OF MARY SCHOOL							
1695 KENNARD ST.							PROGRAM SUPPORT, TUITION
MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	33,500.	0.			ASSISTANCE
STAIRLIFT FOR VETS							
2563 SEPPALA BLVD							STAIRLIFT INSTALLATION
NORTH ST. PAUL, MN 55109	85-3693853	501(C)(3)	8,000.	0.			FOR VETERANS

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Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PETER SCHOOL							
2620 MARGARET ST N							
NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	13,974.	0.			TUITION ASSISTANCE
ST. PAUL'S MONASTERY							
SISTERS OF ST. BENEDICT							GENERAL OPERATING,
ST. PAUL, MN 55109	41-0724050	501(C)(3)	19,921.	0.			PROGRAM SUPPORT
							FAMILY FORMATION (SPIRIT
CHURCH OF ST. PIUS X							SUNDAYS) SUPPORT,
3878 HIGHLAND AVENUE							PROFESSIONAL DEVELOPMENT
WHITE BEAR LAKE, MN 55110	41-0777935	501(C)(3)	9,605.	0.			GENERAL OPERATING,
WHITE BEAR LAKE EMERGENCY FOOD							
SHELF - 1884 WHITAKER AVENUE -							GENERAL OPERATING,
WHITE BEAR LAKE, MN 55110	41-1459604	501(C)(3)	5,284.	0.			FOOD/CLOTHING
FRASSATI CATHOLIC ACADEMY							DDOEECCIONAL DEVELOPMENT
4690 BALD EAGLE AVENUE							PROFESSIONAL DEVELOPMENT, GENERAL OPERATING,
WHITE BEAR LAKE, MN 55110	46-3494121	501(C)(3)	11,087.	0.			TUITION ASSISTANCE
WILLIA DEAK BAKE, AN 33110	10 3131121	301(0)(3)	11,007.	<u> </u>			GENERAL OPERATING,
CHURCH OF ST. MARY OF THE LAKE							PROFESSIONAL DEVELOPMENT
4690 BALD EAGLE AVENUE							ETHICAL FASHION CLOTHING
WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	42,577.	0.			SWAP & EDUCATION NIGHT.
			1				<u> </u>
NORTHERN STAR SCOUTING							
6202 BLOOMINGTON ROAD							
FORT SNELLING, MN 55111	20-3000282	501(C)(3)	10,250.	0.			GENERAL OPERATING
MINNESOTA WILDFLOWERS							
1590 LONG LAKE RD							
NEW BRIGHTON, MN 55112	45-2728345	501(C)(3)	10,000.	0.			GENERAL OPERATING
2026 SPECIAL OLYMPICS USA GAMES							
525 MAIN ST. #120621							
ST. PAUL, MN 55112	88-1665248	501(C)(3)	8,000.	0.			GENERAL OPERATING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. JOHN THE BAPTIST 835 2ND AVENUE NW NEW BRIGHTON, MN 55112	41-0732798	501(C)(3)	121,291.	0.			GENERAL OPERATING, CATECHESIS OF THE GOOD SHEPHERD PROGRAM, EDUCATION PROGRAMS,
CHILDREN'S SURGERY INTERNATIONAL 99 5TH AVENUE NW, SUITE 100 NEW BRIGHTON, MN 55112	41-2013739	501(C)(3)	20,000.	0.			GENERAL OPERATING
PHILOMENA HOUSE P.O. BOX 130141 ROSEVILLE, MN 55113	27-4642602	501(C)(3)	7,700.	0.			CAMPAIGN GIFT, GENERAL OPERATING
CONCORDIA ACADEMY 2400 NORTH DALE STREET ROSEVILLE, MN 55113	41-0845401	501(C)(3)	7,335.	0.			TUITION ASSISTANCE
CHURCH OF ST. ROSE OF LIMA 2048 HAMLINE AVENUE N ROSEVILLE, MN 55113	41-0790158	501(C)(3)	37,002.	0.			GENERAL OPERATING, EDUCATION PROGRAMS, TEACHING AND HOSPITALITY RESOURCES FOR SMALL GROUP
SALVATION ARMY NORTHERN DIVISION 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 55113	36-3805307	501(C)(3)	14,224.	0.			GENERAL OPERATING
CHURCH OF CORPUS CHRISTI 2131 FAIRVIEW AVENUE NORTH ROSEVILLE, MN 55113	41-0705812	501(C)(3)	34,500.	0.			GENERAL OPERATING
ST. ROSE OF LIMA SCHOOL 2072 N. HAMLINE AVE. ROSEVILLE, MN 55113	41-0790158	501(C)(3)	8,100.	0.			GENERAL OPERATING, MAKING A VIDEO FOR PREK AND KINDERGARTEN
PRESBYTERIAN HOMES FOUNDATION 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113	41-1465334	501(C)(3)	10,000.	0.			PROGRAM SUPPORT, GENERAL OPERATING

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(a) Name and address of	/b) EINI	(c) IRC section	(d) Amount of	(a) Amount of	(f) Method of	(a) Description of	(b) Durnoss of great
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRADLE OF HOPE							
1970 OAKCREST AVE. SUITE #104							
ROSEVILLE, MN 55113	23-7349015	501(C)(3)	10,974.	0.			GENERAL OPERATING
KTIS 98.5 - UNIVERSITY OF	20 /013020	552(5)(5)	10,5/12	•			
NORTHWESTERN - 3003 SNELLING							
AVENUE N ST. PAUL, MN							
55113-1598	41-0711610	501(C)(3)	11,100.	0.			GENERAL OPERATING
	11 0/11010	552(5)(5)	11,100.	•			
DIAPER BANK OF MINNESOTA							
2327 WYCLIFF STREET							
ST. PAUL, MN 55114	30-0631448	501(C)(3)	10,000.	0.			GENERAL OPERATING
,			,				
CHURCH OF ST. CECILIA							MISSION TRIP TO RED LAK
2357 BAYLESS PLACE							RESERVATION, GENERAL
ST. PAUL, MN 55114	41-0829141	501(C)(3)	13,541.	0.			OPERATING
ANN BANCROFT FOUNDATION							
2356 UNIVERSITY AVENUE WEST, SUITE							
SAINT PAUL, MN 55114	41-1691868	501(C)(3)	7,550.	0.			GENERAL OPERATING
BEACON INTERFAITH HOUSING							
2610 UNIVERSITY AVE WEST #100							
SAINT PAUL, MN 55114	41-1953599	501(C)(3)	23,210.	0.			GENERAL OPERATING
ABRIA PREGNANCY RESOURCES							GENERAL OPERATING,
2200 UNIVERSITY AVE. W. SUITE 160							PROGRAM SUPPORT,
ST. PAUL, MN 55114	41-1278207	501(C)(3)	103,058.	0.			OPERATING SUPPORT
							GENERAL OPERATING,
AIM HIGHER FOUNDATION							PROGRAM SUPPORT, TUITIO
2610 UNIVERSITY AVENUE WEST SUITE							ASSISTANCE, SCHOLARSHIP
ST. PAUL, MN 55114	46-3935682	501(C)(3)	790,027.	0.			FUND
							GENERAL OPERATING,
CHURCH OF ST. JUDE OF THE LAKE							SCHOLARSHIPS FOR CAMP,
700 MAHTOMEDI AVENUE							PROFESSIONAL DEVELOPMEN
MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	60,494.	0.			EDUCATION PROGRAMS,

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Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) HIGHLAND CATHOLIC SCHOOL GENERAL OPERATING, SCHOLARSHIP FUND, TUITION 2017 BOHLAND AVE. 04-3802322 501(C)(3) 0 ASSISTANCE ST. PAUL, MN 55116 16,500 COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE GENERAL OPERATING SAINT PAUL, MN 55116 41-1260469 501(C)(3) 0 PROGRAM SUPPORT 14,094 HOLY SPIRIT SCHOOL 515 ALBERT STREET SOUTH GENERAL OPERATING. ST. PAUL, MN 55116 41-0705768 501(C)(3) 10,780 0 TUITION ASSISTANCE LUMEN CHRISTI CATHOLIC COMMUNITY 2055 BOHLAND AVENUE PROGRAM SUPPORT, GENERAL 04-3802322 0 OPERATING ST. PAUL, MN 55116 501(C)(3) 15,142, GENERAL OPERATING, FAMILY FAITH FORMATION & CHURCH OF THE HOLY SPIRIT 515 ALBERT STREET SOUTH SACRAMENTAL PREP, TUITION 0. ASSISTANCE ST. PAUL, MN 55116 41-0705768 501(C)(3) 79,059 GENERAL OPERATING CRETIN-DERHAM HALL HIGH SCHOOL CAMPAIGN GIFT, TUITION 550 ALBERT STREET SOUTH ASSISTANCE, ENDOWMENT GIFT PROGRAM SUPPORT ST. PAUL, MN 55116 41-1570394 501(C)(3) 283,664, 0. SCHOLARSHIP FUND CHURCH OF ST. BERNARD OUTREACH PROGRAM FOR 1160 WOODBRIDGE STREET KARENNI REFUGEES AND ST. PAUL, MN 55117 41-0757844 501(C)(3) 8 773. 0. IMMIGRANTS WOMEN'S LIFE CARE CENTER 2870 MIDDLE STREET PROGRAM SUPPORT, GENERAL LITTLE CANADA, MN 55117 41-1649273 501(C)(3) 7,400. 0. OPERATING, CAMPAIGN GIFT MATERNITY OF MARY/ST. ANDREW SCHOOL - 592 ARLINGTON AVENUE WEST - ST. PAUL, MN 55117 501(C)(3) 0. TUITION ASSISTANCE 41-1654467 17,250,

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							(1) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL OPERATING,
CHURCH OF ST. JEROME							PURCHASING 10 OF THE
380 ROSELAWN AVE. E.							HALLOW APPS, DVDS, AND
MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	18,969.	0.			BOOKS FOR SMALL GROUPS,
SAINT JOHN SCHOOL OF LITTLE CANADA							TUITION ASSISTANCE,
2621 MCMENEMY ROAD							UPGRADING THE ACOUSTICS
LITTLE CANADA, MN 55117	41-0781158	501(C)(3)	29,924.	0.			IN THE GYMNASIUM
							PROGRAM SUPPORT,
ST. JEROME SCHOOL							EDUCATION PROGRAMS,
384 ROSELAWN AVENUE EAST							TUITION ASSISTANCE,
MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	210,497.	0.			UPDATING FRONT OFFICE
							GENERAL OPERATING,
CHURCH OF ST. JOSEPH							PRESCHOOL CATHOLIC FAITH
1154 SEMINOLE AVENUE							FORMATION MATERIALS,
WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	152,320.	0.			PROGRAM SUPPORT, TUITION
NET MINISTRIES FOUNDATION							
110 CRUSADER AVENUE W							
WEST ST. PAUL, MN 55118	92-2650455	501(C)(3)	27,500.	0.			GENERAL OPERATING
GUIDING STAR WAKOTA							
1140 SOUTH ROBERT							GENERAL OPERATING,
WEST ST. PAUL, MN 55118	41-1279340	501(C)(3)	79,480.	0.			OPERATING SUPPORT
	12 12/7010		75,100.				
COMMUNITY OF CHRIST THE REDEEMER							
110 CRUSADER AVENUE WEST							PROGRAM SUPPORT, GENERAL
WEST ST. PAUL, MN 55118	41-1511840	501(C)(3)	33,500.	0.			OPERATING
COMMUNITY OF SAINTS REGIONAL							GENERAL OPERATING,
CATHOLIC SCHOOL - 335 HURLEY							PROGRAM SUPPORT, TUITION
AVENUE EAST - WEST ST. PAUL, MN							ASSISTANCE, MATCHING
55118	45-4804818	501(C)(3)	172,050.	0.			GIFT, SCHOLARSHIP FUND,
ST. JOSEPH'S SCHOOL							
1138 SEMINOLE AVENUE							GENERAL OPERATING,
WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	22,050.	0.			TUITION ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MENDOTA HEIGHTS							
1101 VICTORIA CURVE							
MENDOTA HEIGHTS, MN 55118	41-6008695	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
			, -				GENERAL OPERATING,
NET MINISTRIES, INC.							CAPITAL IMPROVEMENTS,
110 CRUSADER AVENUE WEST							MISSIONARY SUPPORT,
WEST ST. PAUL, MN 55118	41-1637054	501(C)(3)	150,881.	0.			CAMPAIGN GIFT, PROGRAM
NORTH EAST SENIORS FOR BETTER							
LIVING - 1831 MINNEHAHA AVE E -							NORTH EAST SENIORS FOR
SAINT PAUL, MN 55119	14-1999180	501(C)(3)	6,000.	0.			BETTER LIVING
CHURCH OF THE BLESSED SACRAMENT							
2119 STILLWATER AVENUE EAST							
ST. PAUL, MN 55119	41-0705758	501(C)(3)	5,184.	0.			GENERAL OPERATING
							GENERAL OPERATING,
VISITATION SCHOOL							CAPITAL IMPROVEMENTS,
2455 VISITATION DRIVE	44 0602055	501/61/21	101 510				TUITION ASSISTANCE,
MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	101,710.	0.			CAMPAIGN GIFT
GE EVONAG AGAPTINA							CAPITAL IMPROVEMENTS,
ST. THOMAS ACADEMY							TUITION ASSISTANCE,
949 MENDOTA HEIGHTS ROAD	41-6045110	E01/G)/3)	116 447	0.			GENERAL OPERATING,
MENDOTA HEIGHTS, MN 55120	41-6045110	501(C)(3)	116,447.	0.			CAMPAIGN GIFT, GENERAL OPERATING,
SAINT PAUL'S OUTREACH							MISSIONARY SUPPORT,
2520 LEXINGTON AVE S, SUITE 300							CAMPAIGN GIFT, PROGRAM
MENDOTA HEIGHTS, MN 55120	41-1621192	501(C)(3)	417,449.	0.			SUPPORT, ENDOWMENT GIFT,
MENDOIA REIGHIS, MN 55120	41-1021192	501(0)(3)	417,443.	0.			SUFFORT, ENDOWMENT GIFT,
FAITHFUL SHEPHERD CATHOLIC SCHOOL							
3355 COLUMBIA DRIVE							ENDOWMENT GIFT, TUITION
EAGAN, MN 55121	41-1880757	501(C)(3)	9,315.	0.			ASSISTANCE
,		, , , , , ,	1,720				
THE LABOURE SOCIETY							
1365 CORPORATE CENTER CURVE SUITE							
EAGAN, MN 55121	41-2001751	501(C)(3)	15,970.	0.			GENERAL OPERATING

BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 8' BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 4: TWIN CITIES PRISON MINISTRY 4950 144TH STREET W	(b) EIN	mestic Organizations (c) IRC section		vernments (Sche	edule I (Form 990), Pa	rt II.)	
organization or government FRIENDS OF SAN LUCAS 3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122 BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8	(b) EIN	(c) IRC section					T
3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122 BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8:		if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122 BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8:							GENERAL OPERATING,
BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 8' BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 4: TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8:							PROGRAM SUPPORT,
BETHANY CENTER FOR PRAYER AND RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 8' BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 4' TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8							SCHOLARSHIP FUND,
RENEWAL, INC PO BOX 4456 - SAINT PAUL, MN 55124 8 BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 4 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8	53-0196617	501(C)(3)	15,577.	0.			MATCHING GIFT
BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8							
P.O. BOX 240301 APPLE VALLEY, MN 55124 TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8	37-2122707	501(C)(3)	1,264,500.	0.			GENERAL OPERATING
TWIN CITIES PRISON MINISTRY 4950 144TH STREET W APPLE VALLEY, MN 55124 8.							
4950 144TH STREET W APPLE VALLEY, MN 55124 8:	11-1992691	501(C)(3)	5,513.	0.			GENERAL OPERATING
APPLE VALLEY, MN 55124 8							
,		504 (5) (0)	10.500				PROGRAM SUPPORT, GENERAL
MISSIONARY SISTERS OF ST. PETER	33-1944730	501(C)(3)	12,539.	0.			OPERATING
CLAVER - 265 CENTURY AVENUE -							
WOODBURY, MN 55125-1199 4:	11-0718378	501(C)(3)	11,287.	0.			GENERAL OPERATING
ST. ODILIA SCHOOL 3495 N. VICTORIA							NOTRE DAMES LATINO ENROLLMENT INSTITUTE (LEI) , LEI WEBINARS AND
SHOREVIEW, MN 55126 4:	11-0837655	501(C)(3)	6,000.	0.			ENL MODULES
CHURCH OF ST. ODILIA 3495 VICTORIA STREET NORTH							GENERAL OPERATING, ENDOWMENT GIFT, RESOURCES FOR CATECHESIS OF THE
SHOREVIEW, MN 55126 4:	11-0837655	501(C)(3)	158,867.	0.			GOOD SHEPHERD, TUITION
MARY'S HANDS							
7745 7TH STREET		501 (5) (0)		_			
OAKDALE, MN 55128 8	35-1118381	501(C)(3)	90,000.	0.			GENERAL OPERATING
PROSTHETICS FOR UKRAINE 3510 HOPKINS PL, W130D							
·	38-2437069	501(C)(3)	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990) OF MINNESOTA 41-1744184

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE GUARDIAN ANGELS							
8260 4TH STREET NORTH							
OAKDALE, MN 55128	41-0807574	501(C)(3)	7,818.	0.			GENERAL OPERATING
CHURCH OF THE TRANSFIGURATION							GENERAL OPERATING,
6133 15TH STREET NORTH							TUITION ASSISTANCE, NEW
OAKDALE, MN 55128	41-0797343	501(C)(3)	26,233.	0.			WIRELESS MICROPHONES
<u></u>	11 0,3,313	301(0)(3)	20,233.	· ·			TUITION ASSISTANCE,
TRANSFIGURATION SCHOOL							BUILDING A NEW WEBSITE,
6135 15TH STREET NORTH							AND FOR MARKETING
OAKDALE, MN 55128-4201	41-0797343	501(C)(3)	16,000.	0.			MATERIALS, EVENTS, CAMERA
,							' '
SAINT AMBROSE CATHOLIC COMMUNITY							
4125 WOODBURY DRIVE							CAPITAL IMPROVEMENTS,
WOODBURY, MN 55129	41-1905541	501(C)(3)	57,914.	0.			TUITION ASSISTANCE
			<i>'</i>				
PRO-LIFE ACTION MINISTRIES							
1163 PAYNE AVENUE							GENERAL OPERATING,
SAINT PAUL, MN 55130	41-1517055	501(C)(3)	30,570.	0.			MATCHING GIFT
CHURCH OF ST. PATRICK							
1095 DESOTO STREET							GENERAL OPERATING,
ST. PAUL, MN 55130	41-0693967	501(C)(3)	54,136.	0.			EDUCATION PROGRAMS
							GENERAL OPERATING,
CHURCH OF ST. PETER							CATECHESIS OF THE GOOD
PO BOX 50679							SHEPHERD TRAINING FOR 3
MENDOTA, MN 55150	41-0732219	501(C)(3)	23,169.	0.			PEOPLE, CEMETERY SUPPORT
SAINT PAUL CHAMBER ORCHESTRA							
SOCIETY - THIRD FLOOR, THE							SCHOLARSHIP FUND, GENERAL
HISTORIC HAMM BUILDING - SAINT							OPERATING, PROGRAM
PAUL, MN 55164-0718	41-0829498	501(C)(3)	8,400.	0.			SUPPORT
							PROGRAM SUPPORT, SURVEY
UNIVERSITY OF ST. THOMAS							SUMMARY FOR CRJC, GENERAL
DEVELOPMENT OFFICE							OPERATING, SCHOLARSHIP
SAINT PAUL, MN 55164-0947	41-0693970	501(C)(3)	4,528,126.	0.			FUND, ENDOWMENT GIFT,

Schedule I (Form 990)

Schedule I (Form 990) OF MINNESOTA 41-1744184

Part II Continuation of Grants and Other		mestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa		1-1/44104 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPPING STONE EMERGENCY HOUSING							
CRONIN BUILDING #14							
ANOKA, MN 55303	20-3226868	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
			<i>'</i>				CAMPAIGN GIFT, CATECHESIS
CHURCH OF ST. KATHARINE DREXEL							OF THE GOOD SHEPHERD,
7101 143RD AVENUE NW SUITE G							ENDOWMENT GIFT, GENERAL
RAMSEY, MN 55303	20-2429058	501(C)(3)	23,000.	0.			OPERATING, LITURGY
ST. STEPHEN SCHOOL							
506 JACKSON STREET							GENERAL OPERATING,
ANOKA, MN 55303	41-0713861	501(C)(3)	8,750.	0.			TUITION ASSISTANCE
MONTHUD							
MOVEFWD							
1001 MINNESOTA 7 #237	41 1690633	E01/G)/2)	F 300	0.			DDOGDAM GUDDODE
HOPKINS, MN 55305	41-1689632	501(C)(3)	5,300.	0.			PROGRAM SUPPORT PASTORAL CARE PROGRAM AT
SENIOR COMMUNITY SERVICES							SAINT THERESE OF
							CORCORAN, ENABLING SENIOR
10201 WAYZATA BLVD., SUITE 335 MINNETONKA, MN 55305	41-0720473	501(C)(3)	8,000.	0.			INDEPENDENCE AND
MINNETONKA, MN 55305	41-0720473	501(C)(3)	8,000.	0.			INDEPENDENCE AND
CHURCH OF THE RISEN SAVIOR							CAPITAL IMPROVEMENTS,
1501 E COUNTY ROAD 42							PROGRAM SUPPORT,
BURNSVILLE, MN 55306	41-0965188	501(C)(3)	6,145.	0.			PROFESSIONAL DEVELOPMENT
			1,222				
BIZAA INTERNATIONAL OUTREACH							
13570 GROVE DRIVE SUITE 279							SCHOLARSHIP FUND, PROGRAM
MAPLE GROVE, MN 55311	46-3937283	501(C)(3)	7,000.	0.			SUPPORT
ST. FRANCIS XAVIER SCHOOL							TUITION ASSISTANCE,
219 19TH STREET NW							PURCHASING UPDATED
BUFFALO, MN 55313	41-0737223	501(C)(3)	20,850.	0.			CHROMEBOOKS
CHRIST THE KING RETREAT CENTER							
621 FIRST AVENUE SOUTH		504 (5) (0)					
BUFFALO, MN 55313	52-2133730	501(C)(3)	6,258.	0.		1	GENERAL OPERATING

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (b) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncash assistance (b) Method of valuation (book, FMV, appraisal, other) (b) CHURCH OF ST. HUBERT (c) IRC section if applicable (d) Amount of noncash assistance (e) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncas	
organization or government if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) CHURCH OF ST. HUBERT 8201 MAIN STREET CHANHASSEN, MN 55317 41-0789368 61(C)(3) 153,494. 0. Valuation (book, FMV, appraisal, other) GENERAL OPERATING, RETREAT, EDUCATION PROGRAMS, CAMPAIGN	
8201 MAIN STREET CHANHASSEN, MN 55317 41-0789368 501(C)(3) 153,494. 0. RETREAT, EDUCATION PROGRAMS, CAMPAIGN	
CHANHASSEN, MN 55317 41-0789368 501(C)(3) 153,494. 0. PROGRAMS, CAMPAIGN	
	GIFT
ST. HUBERT SCHOOL	
8201 MAIN ST	
CHANHASSEN, MN 55317-9734 41-0789368 501(C)(3) 6,000. 0. GENERAL OPERATING	
MARIA'S VOICE	
PO BOX 269	
CHASKA, MN 55318 85-1121338 501(C)(3) 6,300. 0. GENERAL OPERATING	
FAMILY NIGHTS FOR	FAITH
CHURCH OF THE GUARDIAN ANGELS FORMATION FAMILIES	,
215 WEST 2ND STREET PROGRAM SUPPORT,	
CHASKA, MN 55318 41-0785167 501(C)(3) 5,187. 0. EDUCATION PROGRAMS	
ST. MAXIMILIAN KOLBE CATHOLIC	
SCHOOL - 235 SOUTH 2ND STREET - PROFESSIONAL DEVEL	•
DELANO, MN 55328 41-0726145 501(C)(3) 7,800. 0. TUITION ASSISTANCE	
GENERAL OPERATING,	
CHURCH OF ST. JOHN THE BAPTIST HUMANITARIAN, CEME	TERY
680 MILL STREET SUPPORT, TUITION	
EXCELSIOR, MN 55331 41-0721661 501(C)(3) 51,835. 0. ASSISTANCE, PROFES	
PROFESSIONAL DEVEL	•
ST. JOHN THE BAPTIST CATHOLIC TUITION ASSISTANCE	
MONTESSORI SCHOOL - 638 MILL PURCHASING A DISHW	ASHER
STREET - EXCELSIOR, MN 55331 41-0721661 501(C)(3) 22,257. 0. FOR PREK SPACE	
UNITY CATHOLIC HIGH SCHOOL PROFESSIONAL DEVEL	ОРМЕМТ
3333 CLIFF ROAD EAST GENERAL OPERATING	,
BURNSVILLE, MN 55337 47-5670625 501(C)(3) 7,750. 0. SCHOLARSHIP FUND	
YOUTH MINISTERS' N	ETWORK
MARY, MOTHER OF THE CHURCH	
3333 CLIFF ROAD SPEAKERS, SUMMER S	
BURNSVILLE, MN 55337 41-0900834 501(C)(3) 9,500. 0. GENERAL OPERATING,	,

Schedule I (Form 990) OF MINNES	OTA					4	11-1744184 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 1310 MAIN STREET - HOPKINS, MN 55343	41-0729969	501(C)(3)	48,122.	0.			GENERAL OPERATING, PROGRAM SUPPORT, EDUCATION PROGRAMS
CENTER OF THE AMERICAN EXPERIMENT 8421 WAYZATA BOULEVARD SUITE 110 GOLDEN VALLEY, MN 55343	36-3611426	501(C)(3)	7,650.	0.			GENERAL OPERATING
CHESTERTON ACADEMY 1320 MAINSTREET HOPKINS, MN 55343	38-3773629	501(C)(3)	189,419.	0.			PROGRAM SUPPORT, GENERAL OPERATING, TUITION ASSISTANCE, EDUCATION PROGRAMS
ONWARD EDEN PRAIRIE PO BOX 44863 EDEN PRAIRIE, MN 55344	82-2978335	501(C)(3)	7,300.	0.			GENERAL OPERATING
HELPING PAWS INC. 6569 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	41-1628876	501(C)(3)	7,500.	0.			GENERAL OPERATING
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BOULEVARD - MINNETONKA, MN 55345	41-0718324	501(C)(3)	23,872.	0.			GENERAL OPERATING, PROGRAM SUPPORT, SCHOLARSHIP FUND, CAPITAL IMPROVEMENTS, TUITION
HOPE FOR UGANDA - SACRED HEART SEMINARY - PO BOX 1863 - MINNETONKA, MN 55345	41-1732849	501(C)(3)	48,865.	0.			GENERAL OPERATING
NOTRE DAME ACADEMY 13505 EXCELSIOR BLVD MINNETONKA, MN 55345	46-1333219	501(C)(3)	40,550.	0.			GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE
PAX CHRISTI CATHOLIC COMMUNITY 12100 PIONEER TRAIL EDEN PRAIRIE, MN 55347	41-1223312	501(C)(3)	28,352.	0.			GENERAL OPERATING

Schedule I (Form 990) OF MINNES	SOTA					4	11-1744184 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. ANASTASIA							
460 LAKE STREET SW							GENERAL OPERATING,
HUTCHINSON, MN 55350-2349	41-0789375	501(C)(3)	32,123.	0.			CEMETERY SUPPORT
	12 0/050/0		02,120.	••			GENERAL OPERATING,
ST. JOHN THE BAPTIST SCHOOL							TUITION ASSISTANCE,
215 BROADWAY STREET NORTH							COMPLETING FLOORING
JORDAN, MN 55352	41-0713019	501(C)(3)	12,600.	0.			INSTALLATION IN THE
·							
CHURCH OF ST. PHILIP							
821 E 5TH STREET							
LITCHFIELD, MN 55355	41-0773769	501(C)(3)	6,745.	0.			PROGRAM SUPPORT
TRINITY WOODS CATHOLIC RETREAT							CAMPAIGN GIFT, GENERAL
CENTER - 1500 TAMARACK DRIVE -							OPERATING, MISSIONARY
LONG LAKE, MN 55356	88-3577111	501(C)(3)	847,250.	0.			SUPPORT
CHURCH OF SS. PETER AND PAUL							GENERAL OPERATING, A
150 RAILWAY STREET	44 0524524	E01/G)/2)	20.154				MATCHING PALL AND
LORETTO, MN 55357	41-0734731	501(C)(3)	39,154.	0.			VESTMENTS
ST. TIMOTHY GRADE SCHOOL							TUITION ASSISTANCE,
241 STAR STREET E							UPDATING TECH LAB, MOVE
MAPLE LAKE, MN 55358-0281	41-0727399	501(C)(3)	16,850.	0.			LIBRARY, MAKE ART ROOM
- HALLE HAKE, MN 33330 0201	41 0727333	501(0/(3/	10,030.	0.			DIBRARI, MARE ARI ROOM
OUR LADY OF THE LAKE SCHOOL							
2411 COMMERCE BLVD.							
MOUND, MN 55364	41-0718339	501(C)(3)	5,500.	0.			TUITION ASSISTANCE
,			.,				
CHRIST OUR LIGHT CATHOLIC PARISH							
804 7TH AVE S							GENERAL OPERATING,
PRINCETON, MN 55371	27-2606585	501(C)(3)	49,200.	0.			CAPITAL IMPROVEMENTS
FRANCISCAN RETREATS							
16385 ST. FRANCIS LANE							
PRIOR LAKE, MN 55372	41-0907232	501(C)(3)	13,696.	0.			GENERAL OPERATING

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	eaule i (Form 990), Pa F	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MICHAEL CATHOLIC SCHOOL							
14 MAIN STREET NORTH							TUITION ASSISTANCE,
ST. MICHAEL, MN 55376	41-0707799	501(C)(3)	8,000.	0.			PROFESSIONAL DEVELOPMENT
JI. MICHAEL, IN 33370	41 0707733	501(0)(3)	0,000.	0.			CAMPAIGN GIFT, GENERAL
CHURCH OF ST. JOHN THE BAPTIST							OPERATING, TUITION
4625 WEST 125TH STREET							ASSISTANCE, PROFESSIONAL
SAVAGE, MN 55378	41-0791350	501(C)(3)	29,592.	0.			DEVELOPMENT
SAVAGE, MIN 55576	41-0791330	501(C)(3)	29,592.	0.			DEVELOPMENT
ST. JOHN THE BAPTIST SCHOOL							
							CENEDAL ODEDAMING
12508 LYNN AVENUE SOUTH	41-0791350	E01/G)/3)	14 750	0.			GENERAL OPERATING,
SAVAGE, MN 55378-1450	41-0/91350	501(C)(3)	14,750.	٥.			TUITION ASSISTANCE
THE PROPERTY OF THE PROPERTY O							PROFESSIONAL DEVELOPMENT
SHAKOPEE AREA CATHOLIC SCHOOL							NOTRE DAMES LATINO
2700 - 17TH AVENUE EAST		501 (5) (0)	05.050				ENROLLMENT INSTITUTE
SHAKOPEE, MN 55379	41-0961357	501(C)(3)	25,250.	0.			(LEI) , TUITION
							PROFESSIONAL DEVELOPMENT
PARISH OF SAINTS JOACHIM AND ANNE							CATECHESIS OF THE GOOD
2700 - 17TH AVENUE EAST							SHEPHERD, GENERAL
SHAKOPEE, MN 55379	41-0747179	501(C)(3)	94,658.	0.			OPERATING, TUITION
							PROGRAM SUPPORT, GENERAL
HOLY FAMILY CATHOLIC HIGH SCHOOL							OPERATING, CAPITAL
8101 KOCHIA LANE							IMPROVEMENTS, TUITION
VICTORIA, MN 55386	41-1848970	501(C)(3)	55,042.	0.			ASSISTANCE
CHURCH OF ST. VICTORIA							
8228 VICTORIA DRIVE							GENERAL OPERATING,
VICTORIA, MN 55386	41-0724054	501(C)(3)	11,354.	0.			PROGRAM SUPPORT
ST. JOSEPH SCHOOL							TUITION ASSISTANCE,
41 EAST 1ST STREET							GENERAL OPERATING, STEM
WACONIA, MN 55387	41-0754588	501(C)(3)	33,516.	0.			COSTS
							PRAISE AND WORSHIP NIGHT
CHURCH OF ST. JOSEPH							GENERAL OPERATING,
41 EAST 1ST STREET							TUITION ASSISTANCE,
WACONIA, MN 55387	41-0754588	501(C)(3)	53,948.	0.			PROFESSIONAL DEVELOPMENT

Schedule I (Form 990) OF MINNES Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990). Pa		11-1744184 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE IMMACULATE							
CONCEPTION - P.O. BOX 548 -							CAPITAL IMPROVEMENTS,
WATERTOWN, MN 55388	41-0960703	501(C)(3)	7,000.	0.			GENERAL OPERATING
CHURCH OF ST. THERESE							
18323 MINNETONKA BOULEVARD							GENERAL OPERATING
DEEPHAVEN, MN 55391	41-0790147	501(C)(3)	13,348.	0.			EDUCATION PROGRAMS
HAMMER & NER							
1909 E. WAYZATA BLVD.	41 0041102	E01/G)/3)	42.600				GENERAL OPERATING
WAYZATA, MN 55391	41-0841103	501(C)(3)	43,600.	0.			GENERAL OPERATING
GUUDGU OD BUD UOLV YAND OD TEGUG							GENERAL OPERATING,
CHURCH OF THE HOLY NAME OF JESUS							PROGRAM SUPPORT,
155 COUNTY ROAD 24	41 0045300	E01/G)/3)	155 043				PROFESSIONAL DEVELOPMENT
WAYZATA, MN 55391	41-0845399	501(C)(3)	155,943.	0.			EDUCATION PROGRAMS,
FOLDS OF HONOR FOUNDATION -							
MINNESOTA - 372 FERNDALE ROAD							
SOUTH - WAYZATA, MN 55391	46-5531485	501(C)(3)	24,000.	0.			GENERAL OPERATING
200111 MILLINII, IM 33031	10 3331103	301(0)(3)	21,000.	•			
ST. BARTHOLOMEW CATHOLIC FAITH							
COMMUNITY - 630 WAYZATA BOULEVARD							GENERAL OPERATING,
EAST - WAYZATA, MN 55391	41-0711478	501(C)(3)	56,400.	0.			PROGRAM SUPPORT
·							
ST. BARTHOLOMEW SCHOOL							
630 EAST WAYZATA BLVD							
WAYZATA, MN 55391	41-0711478	501(C)(3)	7,600.	0.			UPDATING THE WEBSITE
MACDUATI CENTED POD MISTO							
MACPHAIL CENTER FOR MUSIC							
501 SOUTH SECOND STREET	41 1720240	501/C)/3\	15 000	0.			CENEDAL ODERAMING
MINNEAPOLIS, MN 55401	41-1729340	501(C)(3)	15,000.	0.			GENERAL OPERATING
DELYCYLE RICH CONOCL							GENERAL OPERATING,
DELASALLE HIGH SCHOOL							TUITION ASSISTANCE,
1 DELASALLE DRIVE	41 0705024	501/C)/3	00 100	_			SCHOLARSHIP FUND,
MINNEAPOLIS, MN 55401	41-0705834	DOT(G)(3)	98,199.	0.	1		PROFESSIONAL DEVELOPMENT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
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PAGE EDUCATION FOUNDATION							
901 N 3RD STREET, SUITE 355							SCHOLARSHIP FUND, GENERA
MINNEAPOLIS, MN 55401	36-3605013	501(C)(3)	16,000.	0.			OPERATING
JEREMIAH PROGRAM							
729 N. WASHINGTON AVENUE SUITE 60							GENERAL OPERATING,
MINNEAPOLIS, MN 55401	41-1801834	501(C)(3)	26,675.	0.			TUITION ASSISTANCE
GOVERNAL MILON, DVIND							
CONSTELLATION FUND							GENERAL OPERATING
323 WASHINGTON AVENUE NORTH	00 4007046	E01/G)/2)	105.000	0			GENERAL OPERATING,
MINNEAPOLIS, MN 55401	82-4027046	501(C)(3)	125,000.	0.			RESTRICTED PROGRAMS
THE MINNESOTA OPERA							
620 NORTH FIRST STREET							
MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	12,500.	0.			CAMPAIGN GIFT
ST. OLAF CATHOLIC CHURCH							
215 SOUTH 8TH STREET							GENERAL OPERATING,
MINNEAPOLIS, MN 55402	41-0754589	501(C)(3)	60,178.	0.			PROGRAM SUPPORT
	11 0/01002		00,2701	•			
THE BASILICA LANDMARK							
88 N 17TH STREET							CAMPAIGN GIFT, GENERAL
MINNEAPOLIS, MN 55403	41-1754864	501(C)(3)	98,100.	0.			OPERATING
DUNWOODY COLLEGE OF TECHNOLOGY							
818 DUNWOODY BLVD	44 0603056	501 (6) (2)	0.5.100	•			GENERAL OPERATING,
MINNEAPOLIS, MN 55403	41-0693856	501(C)(3)	27,120.	0.			SEMINARY TUITION
MINNESOTA ORCHESTRAL ASSOCIATION							
1111 NICOLLET MALL							
MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	20,000.	0.			EDUCATION PROGRAMS
DACTITCA OF CATNO MADY							CENEDAL ODEDAMING
BASILICA OF SAINT MARY							GENERAL OPERATING,
88 NORTH 17TH STREET	41 0605501	E01/G)/3)	112 061	0			PROGRAM SUPPORT, CAMPAIG
MINNEAPOLIS, MN 55403	41-0695501	501(C)(3)	113,061.	0.	l	1	GIFT

Schedule I (Form 990) OF MINNES Part II Continuation of Grants and Other		mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990) Pa		1-1744184 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL OPERATING,
CATHOLIC CHARITIES							PROGRAM SUPPORT,
1007 EAST 14TH STREET				_			FOOD/CLOTHING, EDUCATION
MINNEAPOLIS, MN 55404	41-1302487	501(C)(3)	822,022.	0.			PROGRAMS, MATCHING GIFT,
PEACE HOUSE COMMUNITY							
1816 PORTLAND AVENUE							
MINNEAPOLIS, MN 55404	41-1940764	501(C)(3)	7,500.	0.			GENERAL OPERATING
HOPE ACADEMY INC.							
2300 CHICAGO AVENUE SOUTH							
MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	89,600.	0.			GENERAL OPERATING
HOPE COMMUNITY							
611 EAST FRANKLIN AVE.							
•	41-1292817	501(C)(3)	6,794.	0.			GENERAL OPERATING
MINNEAPOLIS, MN 55404	41-1232017	501(C)(3)	0,734.	0.			GENERAL OFERATING
MINNESOTA ADULT & TEEN CHALLENGE,							
INC DONOR ACCOUNTS COORDINATOR							PROGRAM SUPPORT, GENERAL
- MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	35,000.	0.			OPERATING
AGATE HOUSING AND SERVICES							
2309 NICOLLET AVENUE							
MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	6,000.	0.			GENERAL OPERATING
BANYAN COMMUNITY							
2529 13TH AVENUE SOUTH							
MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	5,300.	0.			GENERAL OPERATING
MINNEAFOLIS, MN 33404	41 1322013	301(0)(3)	3,300.	0.			GENERAL OF ERATING
DOROTHY DAY CENTER							
A PROGRAM OF CATHOLIC CHARITIES							
MINNEAPOLIS, MN 55404	41-1302487	501(C)(3)	9,778.	0.			GENERAL OPERATING
·							PROGRAM SUPPORT, GENERAL
CHURCH OF ST. STEPHEN - HOLY							OPERATING, PURCHASING
ROSARY - 2211 CLINTON AVENUE S -							MATERIALS AND TRAINING
MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	53,673.	0.			FOR SPECIAL NEEDS SMALL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARING AND CARING HANDS							GENERAL OPERATING,
525 NORTH 7TH STREET							FOOD/CLOTHING, EDUCATION
MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	81,817.	0.			PROGRAMS, PROGRAM SUPPORT
CHURCH OF ST. ALBERT THE GREAT							
2836 33RD AVENUE SOUTH							GENERAL OPERATING, NEW
MINNEAPOLIS, MN 55406	41-0694725	501(C)(3)	56,682.	0.			HYMNALS
ALL SQUARE							
4047 MINNEHAHA AVE	81-3572476	501/0)/3)	25 000	0.			CAMPAIGN GIFT
MINNEAPOLIS, MN 55406	81-3572476	501(C)(3)	25,000.	0.			GENERAL OPERATING,
ST. HELENA SCHOOL							TUITION ASSISTANCE,
3200 E. 44TH STREET							UPGRADING HALLWAY
MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	45,990.	0.			LIGHTING AND FOR SACRED
	12 0,2000		10,550.	· ·			PROFESSIONAL DEVELOPMENT,
CHURCH OF ST. HELENA							GENERAL OPERATING,
3204 EAST 43RD STREET							PROGRAM SUPPORT, CAPITAL
MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	23,942.	0.			IMPROVEMENTS
SOCIETY OF ST. VINCENT DE PAUL							
TWIN CITIES - 2939 - 12TH AVENUE	41-0711616	501(C)(3)	7 200	0.			GENERAL OPERATING
SO MINNEAPOLIS, MN 55407	41-0711010	501(C)(3)	7,200.	0.			PROGRAM SUPPORT, GENERAL
RISEN CHRIST CATHOLIC SCHOOL							OPERATING, TUITION
1120 EAST 37TH STREET							ASSISTANCE, COVERING A
MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	244,725.	0.			STRATEGIC MAR/COM
MINNEAFOLIS, EN 33407	41 1740140	501(0)(3)	244,725.	· ·			STRATEGIC MARY COM
RAICES SAGRADAS COMMUNITY MENTAL							GENERAL OPERATING,
HEALTH - 1515 E. LAKE STREET #211							COMPREHENSIVE MENTAL
- MINNEAPOLIS, MN 55407	83-4273268	501(C)(3)	10,130.	0.			HEALTH SERVICES
							PROGRAM SUPPORT, GENERAL
CHURCH OF GICHITWAA KATERI							OPERATING, SCHOLARSHIP
3045 PARK AVENUE							FUND, PROVIDING
MINNEAPOLIS, MN 55407	26-3828586	501(C)(3)	18,349.	0.			HOSPITALITY, LITERATURE,

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE HOLY NAME							
3637 11TH AVENUE S							
MINNEAPOLIS, MN 55407	41-0831056	501(C)(3)	12,513.	0.			GENERAL OPERATING
COURAGE KENNY REHABILITATION							
INSTITUTE - 2925 CHICAGO AVENUE -							PROGRAM SUPPORT, GENERAL
MINNEAPOLIS, MN 55407	41-1952989	501(C)(3)	11,195.	0.			OPERATING
MINNESOTA PRISON WRITING WORKSHOP							
PO BOX 7262							
MINNEAPOLIS, MN 55407	47-1890824	501(C)(3)	5,300.	0.			PROGRAM SUPPORT
•			1				TUITION ASSISTANCE,
CRISTO REY JESUIT HIGH SCHOOL							GENERAL OPERATING,
2924 4TH AVENUE S							EDUCATION PROGRAMS,
MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	2,191,706.	0.			SCHOLARSHIP FUND
SOURCE MN							
PO BOX 8212							
MINNEAPOLIS, MN 55408	41-1588666	501(C)(3)	10,800.	0.			GENERAL OPERATING
Magy Device Brown Division							GUNEDAL ODERA MING
MCCL - EDUCATION FUND							GENERAL OPERATING,
MN CITIZENS CONCERNED FOR LIFE	51-0164086	E01/G)/2)	10 226	0.			PROGRAM SUPPORT, EDUCATION PROGRAMS
MINNEAPOLIS, MN 55409	31-0164086	501(C)(3)	12,336.	0.			EDUCATION PROGRAMS
AVENUES FOR YOUTH							
1708 OAK PARK AVENUE NORTH							
MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	5,300.	0.			PROGRAM SUPPORT
•			1				PROGRAM SUPPORT, GENERAL
ASCENSION CATHOLIC SCHOOL							OPERATING, LEGAL FEES,
1726 DUPONT AVENUE NORTH							EMERGENCY FOOD/SHELTER,
MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	292,087.	0.			TRANSPORTATION, ETC.,
LUNDSTRUM CENTER FOR THE							,
PERFORMING ARTS - 1617 NORTH							
SECOND STREET - MINNEAPOLIS, MN							
55411	41-1972424	501(C)(3)	20,000.	0.			GENERAL OPERATING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
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CHURCH OF THE ASCENSION							PROGRAM SUPPORT, GENERAL
1723 BRYANT AVENUE N							OPERATING, PROFESSIONAL
MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	24,400.	0.			DEVELOPMENT
IIIIIIII ODIO, IN OOTII	11 0/03/07	301(0)(3)	21,100.	•			
CHURCH OF ST. BRIDGET							
3811 EMERSON AVENUE NORTH							
MINNEAPOLIS, MN 55412	41-0792652	501(C)(3)	43,221.	0.			GENERAL OPERATING
,			1 , , , , ,				
CHURCH OF THE HOLY CROSS							
1621 UNIVERSITY AVENUE NE							PROFESSIONAL DEVELOPMENT
MINNEAPOLIS, MN 55413	41-0695502	501(C)(3)	613,762.	0.			GENERAL OPERATING
,			<i>'</i>				
ENVIRONMENTAL INITIATIVE							
807 BROADWAY STREET NE SUITE 230							
MINNEAPOLIS, MN 55413	41-1718834	501(C)(3)	5,500.	0.			GENERAL OPERATING
·			,				CAMPAIGN GIFT, OUR LADY
CHURCH OF OUR LADY OF MOUNT CARMEL							OF MOUNT CARMEL YOUTH
701 FILLMORE ST. NE							PROJECT WITH POPE JOHN
MINNEAPOLIS, MN 55413	41-0962072	501(C)(3)	10,903.	0.			PAUL II SCHOOL, GENERAL
·							PROFESSIONAL DEVELOPMENT
ST. JOHN PAUL II CATHOLIC							GENERAL OPERATING,
PREPARATORY SCHOOL - 1630 NE 4TH							TUITION ASSISTANCE,
STREET - MINNEAPOLIS, MN 55413	41-0953697	501(C)(3)	52,543.	0.			PURCHASING TECH FOR ADDI
							CATHOLIC ELDERCARE
CATHOLIC ELDERCARE							PASTORAL CARE , GENERAL
817 MAIN STREET NE							OPERATING, PROFESSIONAL
MINNEAPOLIS, MN 55413	41-1399954	501(C)(3)	17,104.	0.			DEVELOPMENT, CAMPAIGN
SOUTHEAST SENIORS							ENABLING SENIOR
302 INDUSTRIAL BLVD							INDEPENDENCE AND
MINNEAPOLIS, MN 55413	36-3579534	501(C)(3)	6,000.	0.			WELLBEING AT HOME
							GENERAL OPERATING,
ST. LAWRENCE CATHOLIC CHURCH AND							PROGRAM SUPPORT, MASS
NEWMAN CENTER - C/O BUSINESS							GUIDES, BIBLES, GREENERY
OFFICE - MINNEAPOLIS, MN 55414	41-0702598	501(C)(3)	10,409.	0.			PROFESSIONAL DEVELOPMENT

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Part II Continuation of Grants and Other	Assistance to Do	Inestic Organizations	and Domestic Go	Verninents (SCI)	edule i (i omi 990), Fa	11.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONING & BLOWNS							
LOAVES & FISHES							CENEDAL ODEDAMING
721 KASOTA AVENUE SE	41-1421522	E01/G\/3\	9 700	0.			GENERAL OPERATING, FOOD/CLOTHING
MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	8,700.	0.			FOOD/CLOTHING
PEOPLE SERVING PEOPLE, INC.							
614 3RD STREET SOUTH							PROGRAM SUPPORT, GENERAL
MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	6,300.	0.			OPERATING
•			,				GENERAL OPERATING,
BENILDE ST. MARGARET'S SCHOOL							PROGRAM SUPPORT,
2501 HIGHWAY 100 SOUTH							SCHOLARSHIP FUND, TUITIO
ST. LOUIS PARK, MN 55416	41-1240936	501(C)(3)	95,345.	0.			ASSISTANCE
·			,				
CHURCH OF THE HOLY FAMILY							SCHOLARSHIPS FOR EXTREME
5900 W LAKE STREET							FAITH CAMP, GENERAL
ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	7,535.	0.			OPERATING
HOLY FAMILY ACADEMY							
5925 WEST LAKE STREET	41 0004006	F01/91/21	00.540				PROFESSIONAL DEVELOPMENT
ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	22,540.	0.			TUITION ASSISTANCE
ST. THERESE FOUNDATION							GENERAL OPERATING,
1660 SOUTH HWY 100, SUITE #103							GENERAL SUPPORT, PROGRAM
ST. LOUIS PARK, MN 55416	41-1704381	501(C)(3)	49,571.	0.			SUPPORT
			==,===				
CHURCH OF OUR LADY OF PEACE -							
EDUCATION - 5426 - 12TH AVENUE							
SOUTH - MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	52,494.	0.			EDUCATION PROGRAMS
,			,				TUITION ASSISTANCE,
OUR LADY OF PEACE SCHOOL							COMPLETING THE FLOORING
5435 11TH AVENUE SOUTH							UPDATE, AND FLEXIBLE
MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	15,850.	0.			SEATING
,			1				RCL BENZIGER CURRICULUM,
CHURCH OF OUR LADY OF PEACE							STORIES OF GOD'S LOVE,
5426 - 12TH AVENUE SOUTH							2ND EDITION, PROFESSIONA
MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	106,000.	0.			DEVELOPMENT, GENERAL

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. CHARLES BORROMEO							
2739 STINSON BOULEVARD							GENERAL OPERATING,
ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	22,100.	0.			PROGRAM SUPPORT
	11 0,00511	002(0)(0)		•			GENERAL OPERATING,
ST. CHARLES BORROMEO SCHOOL							TUITION ASSISTANCE,
2727 STINSON BLVD NE							SCHOLARSHIP FUND,
ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	34,100.	0.			REPLACING 35 CHROMEBOOKS
			, -	-			
PROLIFE ACROSS AMERICA							
P.O. BOX 18669							
MINNEAPOLIS, MN 55418	41-1654040	501(C)(3)	26,915.	0.			GENERAL OPERATING
ANNUNCIATION CATHOLIC SCHOOL							CAMPAIGN GIFT, GENERAL
509 WEST 54TH STREET							OPERATING, TUITION
MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	130,807.	0.			ASSISTANCE
							GENERAL OPERATING,
CHURCH OF THE ANNUNCIATION							PROGRAM SUPPORT, TUITION
509 WEST 54TH STREET							ASSISTANCE, LENTEN STUDY
MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	80,345.	0.			BOOKS, CAPITAL
TRUST							
9 WEST RUSTIC LODGE	41 0005040	501 (3) (2)					SHARED SPACES -A CREATING
MINNEAPOLIS, MN 55419-5582	41-0965940	501(C)(3)	8,000.	0.			COMMUNITY INITIATIVE
CHURCH OF THE NATIVITY OF MARY							
9900 LYNDALE AVENUE S							PROGRAM SUPPORT,
	41-0735359	501(C)(3)	45 706	0.			EDUCATION PROGRAMS
BLOOMINGTON, MN 55420	41-0733339	501(C)(3)	45,796.	0.			EDUCATION PROGRAMS
FAMILY FEST MINISTRIES							
140 WEST 98TH STREET SUITE 206							
BLOOMINGTON, MN 55420	41-1985709	501(C)(3)	10,661.	0.			GENERAL OPERATING
DECEMBER OF THE STATE	11 1303703	301(0)(3)	10,001.	0.			TUITION ASSISTANCE,
NATIVITY OF MARY SCHOOL							GENERAL OPERATING,
9901 E. BLOOMINGTON FRWY.							COMPLETING A WIFI ACCESS
BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	20,100.	0.			EXPANSION
PROCEETING TOWN , TIM 33470	=1 0/33333	POT (C) (3)	1 20,100.	ı	1	I	Lui uno ton

Schedule I (Form 990)

41-1744184 OF MINNESOTA Schedule I (Form 990)

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) NOTRE DAMES LATINO IMMACULATE CONCEPTION SCHOOL ENROLLMENT INSTITUTE 4030 JACKSON STREET NE (LEI), GENERAL OPERATING, COLUMBIA HEIGHTS, MN 55421 41-0703859 501(C)(3) 0 TUITION ASSISTANCE 28,611 SACRED HEART SCHOOL 4050 HUBBARD AVE N TUITION ASSISTANCE. ROBBINSDALE, MN 55422 41-0834785 501(C)(3) 13,386 0 PROFESSIONAL DEVELOPMENT BLACK BUTTERFLY WOMEN SERVICES 5716 36TH AVE N CRYSTAL, MN 55422 87-2231784 501(C)(3) 20,000 0 GENERAL OPERATING CHURCH OF ST. MARGARET MARY 2323 ZENITH AVENUE N 41-0711491 501(C)(3) 0 GENERAL OPERATING GOLDEN VALLEY, MN 55422 6,669 ACADEMY OF HOLY ANGELS GENERAL OPERATING. 6600 NICOLLET AVENUE SOUTH SCHOLARSHIP FUND, TUITION RICHFIELD, MN 55423 0. ASSISTANCE 41-0696903 501(C)(3) 23,597. CHURCH OF ST. RICHARD 7540 PENN AVENUE S GENERAL OPERATING, ALTAR RICHFIELD, MN 55423 SERVER ALBS 41-0732239 501(C)(3) 25,269 0. PROFESSIONAL DEVELOPMENT. BLESSED TRINITY CATHOLIC SCHOOL GENERAL OPERATING. 6720 NICOLLET AVENUE SOUTH TUITION ASSISTANCE, RICHFIELD, MN 55423 41-1787370 501(C)(3) 42 000 0. IMPROVING SIGNAGE AND FOR PROGRAM SUPPORT, GENERAL ELEVATE LIFE OPERATING, SEND 5 NEW EDS TO PMC DIRECTORS BOOT 2626 EAST 82ND STREET SUITE 210 BLOOMINGTON, MN 55425 23-7401466 501(C)(3) 38,417. 0. CAMP & OPERATING SUPPORT HELP AT YOUR DOOR 8441 WAYZATA BLVD SUITE 160 SENIOR HOME SAFETY. GENERAL OPERATING GOLDEN VALLEY, MN 55426 41-1433859 501(C)(3) 10 206 0.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		RESTART AND REFRESH
CHURCH OF ST. JOSEPH							PARISH PRESCHOOL
8701 - 36TH AVENUE NORTH							CATECHETICAL PROGRAM,
NEW HOPE, MN 55427	41-6058565	501(C)(3)	9,950.	0.			GENERAL OPERATING
			,				GENERAL OPERATING,
SECOND HARVEST HEARTLAND							SCHOLARSHIP FUND,
7101 WINNETKA AVE N							FOOD/CLOTHING, MATCHING
BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	73,344.	0.			GIFT
			,				
CANA FAMILY INSTITUTE							
7301 BASS LAKE ROAD							GENERAL OPERATING,
CRYSTAL, MN 55428	45-5000221	501(C)(3)	12,400.	0.			PROGRAM SUPPORT
ST. RAPHAEL SCHOOL							PROFESSIONAL DEVELOPMENT
7301 BASS LAKE ROAD							TUITION ASSISTANCE,
CRYSTAL, MN 55428	41-0729961	501(C)(3)	30,230.	0.			GENERAL OPERATING
							MATCHING GIFT, CAMPAIGN
CHURCH OF ST. RAPHAEL							GIFT, EDUCATION PROGRAM
7301 BASS LAKE ROAD							GENERAL OPERATING,
CRYSTAL, MN 55428	41-0729961	501(C)(3)	65,700.	0.			PROFESSIONAL DEVELOPMENT
HOLY FAMILY ADOPTION AGENCY							
ST. RAPHAELS PARISH	41 1060002	E01/G)/2)	10 200				
CRYSTAL, MN 55428-0000	41-1968883	501(C)(3)	12,390.	0.			GENERAL OPERATING
CRESCENT COVE							
4201 BASS LAKE ROAD							
BROOKLYN CENTER, MN 55429	27-1035515	501(C)(3)	5,500.	0.			GENERAL OPERATING
DROOKLIN CENTER, MN 33423	27 1033313	501(0/(3/	3,300.	0.			GENERAL OF ERATING
PRO ECCLESIA SANCTA - SACRED HEART							
OF JESUS CONVENT - 8650 RUSSELL							
AVE SOUTH - BLOOMINGTON, MN 55431	61-1880672	501(C)(3)	20,000.	0.			GENERAL OPERATING
,			, ,				GENERAL OPERATING,
TOTINO-GRACE HIGH SCHOOL							TUITION ASSISTANCE,
1350 GARDENA AVENUE NE							ENDOWMENT GIFT,
FRIDLEY MN 55432	41-0649228	501(C)(3)	42,505.	0.			SCHOLARSHIP FUND

Schedule I (Form 990)

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Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) CHURCH OF THE EPIPHANY 1900 111TH AVENUE NW GENERAL OPERATING COON RAPIDS, MN 55433 41-0880245 501(C)(3) 8,320 0 EDUCATION PROGRAMS FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433 41-1601449 501(C)(3) 0 GENERAL OPERATING 25,330 EPIPHANY SCHOOL 11001 HANSON BLVD. TUITION ASSISTANCE. COON RAPIDS, MN 55433 41-0880245 501(C)(3) 14,959 0 PROFESSIONAL DEVELOPMENT FAMILY PROMISE IN ANOKA COUNTY 363 COON RAPIDS BLVD NW 27-1151848 0 GENERAL OPERATING COON RAPIDS, MN 55433 501(C)(3) 7,500 PROFESSIONAL DEVELOPMENT PROGRAM SUPPORT, TUITION THE WAY OF THE SHEPHERD CATHOLIC MONTESSORI - 13200 CENTRAL AVE ASSISTANCE, GENERAL 11,600 0. OPERATING NORTHEAST - BLAINE, MN 55434 41-1916137 501(C)(3) GENERAL OPERATING CHURCH OF ST. TIMOTHY WELCOME TO MUSTARD SEED! . 707 89TH AVENUE NE PROFESSIONAL DEVELOPMENT DISASTER RELIEF RETIRED BLAINE, MN 55434-2399 41-0764081 501(C)(3) 32,447. 0. NATIONAL CHRISTIAN FOUNDATION 7701 FRANCE AVE SOUTH SUITE 360 EDINA, MN 55435 58-1493949 501(C)(3) 10,000 0. GENERAL OPERATING CATHOLIC SCHOOLS CENTER OF GENERAL OPERATING, EXCELLENCE - CSCOE - 6600 FRANCE AVENUE S SUITE 520 - EDINA, MN MATCHING GIFT, PROGRAM 55435-1877 47-3560859 501(C)(3) 51,500. 0. SUPPORT GENERAL OPERATING, YOUNG CHURCH OF OUR LADY OF GRACE ADULT RETREAT, PROGRAM SUPPORT, ENDOWMENT GIFT. 5071 EDEN AVENUE 41-0705765 501(C)(3) 373 871. 0. TUITION ASSISTANCE EDINA, MN 55436

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MINNESOTA FOUNDATION							
MAIL STOP CBC-3-FOUN		504 (5) (0)					
EDINA, MN 55436	41-1814223	501(C)(3)	25,500.	0.			GENERAL OPERATING
OUR LADY OF GRACE SCHOOL							
5051 EDEN AVENUE							GENERAL OPERATING,
EDINA, MN 55436	41-0705765	501(C)(3)	21,649.	0.			ENDOWMENT GIFT
CHURCH OF ST. EDWARD							
9401 NESBITT AVENUE SOUTH	41-0916355	E01/G)/2)	12 200	0.			GENERAL OPERATING
BLOOMINGTON, MN 55437	41-0916355	501(C)(3)	13,200.	0.			GENERAL OPERATING
CHILDREN'S CANCER RESEARCH FUND							GENERAL OPERATING,
7301 OHMS LANE SUITE 355							PROGRAM SUPPORT, MATCHING
MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	52,810.	0.			GIFT
CHURCH OF ST. PATRICK							CATECHESIS OF THE GOOD
6820 ST. PATRICK'S LANE							SHEPHERD LEVEL 11 ATRIUM
EDINA, MN 55439	41-0856353	501(C)(3)	11,275.	0.			, GENERAL OPERATING
WOMEN OF GREATER HOPE AND VISION							
2205 SHENANDOAH LANE N	83-2221112	501(C)(3)	5,300.	0.			GENERAL OPERATING
PLYMOUTH, MN 55441	63-2221112	501(C)(3)	5,300.	0.			GENERAL OPERATING
EMERGE MOTHERS ACADEMY							
P.O. BOX 46226							
MINNEAPOLIS, MN 55446	45-4236957	501(C)(3)	5,300.	0.			PROGRAM SUPPORT
·			,				
PROVIDENCE ACADEMY							
15100 SCHMIDT LAKE ROAD							GENERAL OPERATING,
PLYMOUTH, MN 55446	41-1883866	501(C)(3)	11,680.	0.			TUITION ASSISTANCE
INTERFAITH OUTREACH							CAMDATON OTEM GENERAL
1605 COUNTY ROAD 101 N	36-3482724	501(C)(3)	7 706	0.			CAMPAIGN GIFT, GENERAL OPERATING
PLYMOUTH, MN 55447	30-3402/24	hot(c)(3)	7,706.	<u> </u>			PERATING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	EI-I/44I04 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE 4 YOUTH							
10250 FOLEY BLVD NW #48010							
COON RAPIDS, MN 55448	46-1626500	501(C)(3)	10,700.	0.			GENERAL OPERATING
JCS AFFECTIVE SOBER LIVING							
PO BOX 22056							
ROBBINSDALE, MN 55448	86-2767456	501(C)(3)	5,300.	0.			GENERAL OPERATING
AMERICAN RED CROSS MINNESOTA AND							
DAKOTAS - 1201 WEST RIVER PARKWAY							GENERAL OPERATING,
- MINNEAPOLIS, MN 55454	53-0196605	501(C)(3)	7,100.	0.			DISASTER RELIEF
· · · · · · · · · · · · · · · · · · ·			, -				PROGRAM SUPPORT.
UNIVERSITY OF MINNESOTA FOUNDATION							SCHOLARSHIP FUND, GENERA
MCNAMARA ALUMNI CENTER							OPERATING, RESTRICTED
MINNEAPOLIS, MN 55486	41-6042488	501(C)(3)	12,124.	0.			RESEARCH
ST. MARY'S CATHOLIC CHURCH							
57 HORN BLVD.							
SILVER BAY, MN 55614	41-6034119	501(C)(3)	7,000.	0.			GENERAL OPERATING
<u> </u>	11 0031113	301(0)(3)	7,000.	,			
ITASCA SKI AND OUTING CLUB INC.							
200 MT. ITASCA DRIVE							
COLERAINE, MN 55722	41-1278788	501(C)(3)	10,000.	0.			GENERAL OPERATING
ST. MARY CATHOLIC CHURCH							
PO BOX 609				_			GENERAL OPERATING,
COOK, MN 55723	41-0908605	501(C)(3)	7,700.	0.			FOOD/CLOTHING
COOK MINNESOTA LION'S CLUB							
CHARITIES - C/O JODY REFSDAL -							
COOK, MN 55723	26-2223228	501(C)(3)	10,000.	0.			DISASTER RELIEF
NOLY OPERED OFFICE							
HOLY SPIRIT CHURCH							
306 SOUTH 2ND STREET	41 050505	E01/G)/3)	6.560	_			GENERAL ORDER TOTAL
VIRGINIA, MN 55792	41-0795274	501(C)(3)	6,569.	0.			GENERAL OPERATING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN THE EVANGELIST CHURCH 4230 ST. JOHNS AVENUE DULUTH, MN 55803	41-0854765	501(C)(3)	68,489.	0.			TUITION ASSISTANCE
ST. MICHAEL'S CATHOLIC CHURCH 4901 EAST SUPERIOR STREET DULUTH, MN 55804	41-0705755	501(C)(3)	53,727.	0.			GENERAL OPERATING, TUITION ASSISTANCE
ST. LAWRENCE CATHOLIC CHURCH 2410 MORRIS THOMAS RD DULUTH, MN 55811	41-0871082	501(C)(3)	6,936.	0.			GENERAL OPERATING
DIOCESE OF DULUTH, MN 2830 EAST 4TH STREET DULUTH, MN 55812	41-0713916	501(C)(3)	67,196.	0.			PROGRAM SUPPORT, CAMPAIGN GIFT, GENERAL OPERATING, RETIRED RELIGIOUS, SEMINARY TUITION
NEWMAN CATHOLIC CAMPUS MINISTRY AT UMD - 2830 EAST FOURTH STREET - DULUTH, MN 55812	61-2107830	501(C)(3)	61,500.	0.			GENERAL OPERATING, CAPITAL IMPROVEMENTS, PROGRAM SUPPORT, CAMPAIGN GIFT
MAYO CLINIC FOUNDATION DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-6011702	501(C)(3)	50,750.	0.			PROGRAM SUPPORT, GENERAL OPERATING
ST. JOSEPH THE WORKER CHURCH 423 WEST 7TH STREET MANKATO, MN 56001	41-0807577	501(C)(3)	11,100.	0.			GENERAL OPERATING
LOYOLA CATHOLIC SCHOOL 145 GOOD COUNSEL DRIVE MANKATO, MN 56001	41-0914356	501(C)(3)	17,500.	0.			GENERAL OPERATING,
SCHOOL SISTERS OF NOTRE DAME 11 CIVIC CENTER PLAZA SUITE 310 MANKATO, MN 56001-7711	41-0693976	501(C)(3)	15,201.	0.			GENERAL OPERATING, RETIRED RELIGIOUS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE'S SCHOOL							
511 4TH STREET NO.							CAPITAL IMPROVEMENTS,
LE SUEUR, MN 56058	41-0724077	501(C)(3)	12,258.	0.			TUITION ASSISTANCE
MOST HOLY REDEEMER SCHOOL							
205 VINE AVENUE WEST							
MONTGOMERY, MN 56069	41-0747173	501(C)(3)	5,750.	0.			TUITION ASSISTANCE
•			,				
ST. WENCESLAUS SCHOOL							TUITION ASSISTANCE, STAFF
227 EAST MAIN STREET							TRAINING IN TECH SUPPORT
NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	14,350.	0.			/ NEW DEVICES
CULIDATE OF AN EMPHARMANIA							
CHURCH OF ST. WENCESLAUS 215 MAIN STREET EAST							CENEDAL ODERAMING
NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	50,136.	0.			GENERAL OPERATING, TUITION ASSISTANCE
NEW PRAGUE, FM 50071	41 0055515	501(0)(3)	30,130.	٠.			GENERAL OPERATING,
HANDMAIDS OF THE HEART OF JESUS							MATCHING GIFT, CAPITAL
515 NORTH STATE STREET							IMPROVEMENTS, PROGRAM
NEW ULM, MN 56073	27-3993862	501(C)(3)	125,750.	0.			SUPPORT, CAMPAIGN GIFT
			, -	-			PROGRAM SUPPORT, GENERAL
DIOCESE OF NEW ULM							OPERATING, SCHOLARSHIP
1421 6TH STREET NORTH							FUND, EDUCATION PROGRAMS,
NEW ULM, MN 56073	41-0807570	501(C)(3)	35,829.	0.			RETIRED RELIGIOUS
CHURCH OF ST. MARY							
636 FIRST AVENUE NORTH							GENERAL OPERATING,
SLEEPY EYE, MN 56085	41-0723239	501(C)(3)	20,000.	0.			CAMPAIGN GIFT
DIVINE PROVIDENCE COMMUNITY HOME							
700 THIRD AVENUE NW							
SLEEPY EYE, MN 56085	41-0839343	501(C)(3)	23,705.	0.			GENERAL OPERATING
ST. MARY'S CATHOLIC CHURCH							
1215 7TH AVE							
WORTHINGTON, MN 56187	41-0742509	501(C)(3)	7,480.	0.			CAPITAL IMPROVEMENTS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. MARY OF BIRD ISLAND							
302 SOUTH 10TH STREET							
OLIVIA, MN 56277	41-0773789	501(C)(3)	48,378.	0.			PROGRAM SUPPORT
CHURCH OF ST. ALOYSIUS							
302 SOUTH 10TH STREET							
OLIVIA, MN 56277	41-0828928	501(C)(3)	6,149.	0.			CEMETERY SUPPORT
CHURCH OF ST. MARY							
420 IRVING STREET							PROGRAM SUPPORT, GENERAL
ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	6,300.	0.			OPERATING
Indiana, in 30300	11 0,21033	301(0)(3)	0,500.	· ·			
STS. PETER & PAUL CATHOLIC CHURCH							
P.O. BOX 69							
BELGRADE, MN 56312	41-0711465	501(C)(3)	15,000.	0.			GENERAL OPERATING
·			·				
MARY OF THE IMMACULATE CONCEPTION							
501 MAIN STREET							
COLD SPRING, MN 56320	41-0737231	501(C)(3)	10,000.	0.			GENERAL OPERATING
							GENERAL OPERATING,
ST. JOHN'S UNIVERSITY							PROGRAM SUPPORT,
PO BOX 7222							SCHOLARSHIP FUND,
COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	134,650.	0.			ENDOWMENT GIFT, CAPITAL
SAINT JOHN'S ABBEY							
PO BOX 2015							GENERAL OPERATING
	41-0693973	501(C)(3)	22 206	0.			PROGRAM SUPPORT
COLLEGEVILLE, MN 56321	41-0093973	501(C)(3)	23,386.	0.			
ST. JOHN'S SCHOOL OF THEOLOGY AND							GENERAL OPERATING, SCHOLARSHIPS FOR ASPM
SEMINARY - OFFICE OF DEVELOPMENT -							LATINX STUDENTS
COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	22,550.	0.			REGISTRATION FOR YTM ,
	43 3030102	551(5)(3)	22,330.	0.			ALGIDIMITON FOR THE
HILL MUSEUM & MANUSCRIPT LIBRARY							
BUSH CENTER							
COLLEGEVILLE, MN 56321	87-4063122	501(C)(3)	12,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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Part II Continuation of Grants and Other	T	T 3					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN SISTERS OF LITTLE FALLS							
ST. FRANCIS CONVENT							PROGRAM SUPPORT, GENERAL
LITTLE FALLS, MN 56345	41-0695518	501(C)(3)	10,345.	0.			OPERATING
MILLE LACS COUNTY AREA DAC							
115 1ST STREET EAST							
MILACA, MN 56353	41-1225790	501(C)(3)	100,000.	0.			CAPITAL IMPROVEMENTS
COLLEGE OF SAINT BENEDICT							
SCHOENECKER COMMONS							GENERAL OPERATING,
ST. JOSEPH, MN 56374	41-0969244	501(C)(3)	64,000.	0.			SCHOLARSHIP FUND
			,				
ST. THOMAS OF THE PINES CHURCH							
411 NORTH 10TH STREET							
BRAINERD, MN 56401	42-1745592	501(C)(3)	25,000.	0.			GENERAL OPERATING
TIME OUT AND ADDRESS OF THE OWNER.							
IMMACULATE HEART CHURCH							
PO BOX 155 CROSSLAKE, MN 56442	41-0905312	501(C)(3)	24,248.	0.			PROGRAM SUPPORT
CROSSIARE, PM 30442	41 0505512	301(0)(3)	24,240.	0.			INOGRAM BUTTORT
GUIDING STAR PROJECT							
PO BOX 238							
IRONTON, MN 56455	45-4370118	501(C)(3)	12,000.	0.			GENERAL OPERATING
CHURCH OF ST. ALICE							
PO BOX 759							
PEQUOT LAKES, MN 56472	41-1605365	501(C)(3)	6,700.	0.			PROGRAM SUPPORT
112011111111111111111111111111111111111	12 200000		1 2,700.	-			
MOTO HOPE MISSION							
P.O. BOX 1484							
WALKER, MN 56484	45-2482812	501(C)(3)	25,000.	0.			GENERAL OPERATING
ST. THOMAS AQUINAS CATHOLIC SCHOOL							
810 - 5TH STREET							
INTERNATIONAL FALLS, MN 56649	41-0799786	501(C)(3)	70,599.	0.			EDUCATION PROGRAMS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL'S CATHOLIC CHURCH C/O ST. EDWARD'S CATHOLIC CHURCH LONGVILLE, MN 56655	41-1314934	501(C)(3)	7,600.	0.			GENERAL OPERATING
ST. EDWARD'S CATHOLIC CHURCH P.O. BOX 38 LONGVILLE, MN 56655	41-1314934	501(C)(3)	34,000.	0.			GENERAL OPERATING
AUGUSTANA UNIVERSITY OFFICE OF ADVANCEMENT SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	20,000.	0.			PROGRAM SUPPORT, SCHOLARSHIP FUND
ST. JOSEPH INDIAN SCHOOL P.O. BOX 326 CHAMBERLAIN, SD 57326	46-0235912	501(C)(3)	5,569.	0.			GENERAL OPERATING
ST. PAUL'S NEWMAN CENTER 1141 UNIVERSITY DR. N FARGO, ND 58102	45-0276091	501(C)(3)	6,400.	0.			GENERAL OPERATING, PROGRAM SUPPORT, MISSIONARY SUPPORT
UNIVERSITY OF MARY 7500 UNIVERSITY DRIVE BISMARCK, ND 58504	45-0273403	501(C)(3)	34,500.	0.			GENERAL OPERATING
ST. LABRE INDIAN SCHOOL 1000 TONGUE RIVER ROAD ASHLAND, MT 59004	81-0244542	501(C)(3)	6,939.	0.			GENERAL OPERATING
ST. ANTHONY MISSION CHURCH 413 3RD AVENUE WEST CULBERTSON, MT 59218	81-0393565	501(C)(3)	6,095.	0.			GENERAL OPERATING
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY ROAD - NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	37,398.	0.			SCHOLARSHIP FUND

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE FOLDS OF HONOR FOUNDATION - 24 FIRTH ROAD - INVERNESS, IL 60067	45-5382465	501(C)(3)	16,000.	0.			GENERAL OPERATING
RELEVANT RADIO 680 BARCLAY BLVD LINCOLNSHIRE, IL 60069	39-2003067	501(C)(3)	36,235.	0.			GENERAL OPERATING
DIVINE WORD MISSIONARIES MISSION CENTER TECHNY, IL 60082	36-2379644	501(C)(3)	70,200.	0.			GENERAL OPERATING
MARQUETTE UNIVERSITY - ADVANCEMENT UNIVERSITY ADVANCEMENT CAROL STREAM, IL 60197-7013	39-0806251	501(C)(3)	63,645.	0.			SCHOLARSHIP FUND
DIOCESE OF JOLIET 16555 WEBER RD CREST HILL, IL 60403	36-2167849	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CHRISTIAN BROTHERS OF THE MIDWEST DISTRICT - DEVELOPMENT OFFICE - BURR RIDGE, IL 60521	41-0872557	501(C)(3)	21,377.	0.			GENERAL OPERATING, RETIRED RELIGIOUS
SERRA INTERNATIONAL FOUNDATION 333 WEST WACKER DRVIE #500 CHICAGO, IL 60606	36-6084012	501(C)(3)	7,060.	0.			GENERAL OPERATING
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	53,798.	0.			GENERAL OPERATING, PROGRAM SUPPORT
NPH USA-FRIENDS OF THE ORPHANS 20 NORTH WACKER DRIVE, SUITE 4000 CHICAGO, IL 60606	65-1229309	501(C)(3)	67,620.	0.			GENERAL OPERATING, PROGRAM SUPPORT, ENDOWMENT GIFT

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Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NPH USA UPPER MIDWEST REGION 1400 VAN BUREN STREET NE MINNEAPOLIS, MN 60606-3193	65-1229309	501(C)(3)	198,943.	0.			GENERAL OPERATING, PROGRAM SUPPORT
SAINT IGNATIUS COLLEGE PREP 1076 W ROOSEVELT RD CHICAGO, IL 60608-1531	36-2167867	501(C)(3)	18,738.	0.			GENERAL OPERATING
JESUITS USA MIDWEST PROVINCE 1010 NORTH HOOKER STREET CHICAGO, IL 60642	36-2167013	501(C)(3)	112,953.	0.			GENERAL OPERATING, PROGRAM SUPPORT
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	36-2170153	501(C)(3)	22,000.	0.			GENERAL OPERATING
NORTHRIDGE PREPARATORY SCHOOL 8320 BALLARD ROAD NILES, IL 60714	80-0597509	501(C)(3)	10,000.	0.			GENERAL OPERATING
AUGUSTINE INSTITUTE 6160 S. SYRACUSE WAY #310 GREENWOOD VILLAGE, CO 63034	20-2349108	501(C)(3)	116,565.	0.			GENERAL OPERATING
BENEDICTINE COLLEGE OFFICE OF ADVANCEMENT ATCHISON, KS 66002	48-0777079	501(C)(3)	5,800.	0.			PROGRAM SUPPORT, GENERAL OPERATING
UNBOUND 1 ELMWOOD AVE. KANSAS CITY, KS 66103	43-1243999	501(C)(3)	6,804.	0.			GENERAL OPERATING, PROGRAM SUPPORT
WOUNDED WARRIOR PROJECT P.O. BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	11,500.	0.			CAMPAIGN GIFT, GENERAL OPERATING

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Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) EOHSJ, VICE GOV, GENERAL, NORTH AMERICA - PO BOX 24407 - OMAHA, NE CAMPAIGN GIFT, GENERAL 35,000 0 OPERATING 68124 88-1136679 501(C)(3) THE INSTITUTE FOR PRIESTLY FORMATION - CREIGHTON UNIVERSITY -GENERAL OPERATING OMAHA, NE 68154 52-1907182 501(C)(3) 0. PROGRAM SUPPORT 51,500 EOUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM NORTHERN LIEUTENANCY - P.O BOX 540004 -PROGRAM SUPPORT, GENERAL OMAHA, NE 68154 20-1666315 501(C)(3) 10,000 0 OPERATING, CAMPAIGN GIFT CROSSINGS COMMUNITY CHURCH GENERAL OPERATING. 14600 NORTH PORTLAND AVENUE CAMPAIGN GIFT, MISSIONARY 73-6082499 0 SUPPORT OKLAHOMA CITY, OK 73134 501(C)(3) 20,400 RARE VILLAGE FOUNDATION 6808 OLD GLORY CT 0. MCKINNEY, TX 75071 83-4699994 501(C)(3) 10,000 RESTRICTED RESEARCH ST. THOMAS AQUINAS CATHOLIC CHURCH 6306 KENWOOD AVE. DALLAS, TX 75214 75-0863021 501(C)(3) 10,000 0. PROGRAM SUPPORT BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224 75-2883025 501(C)(3) 10,000 0. TUITION ASSISTANCE ANNUNCIATION HOUSE P.O. BOX 11189 EL PASO, TX 79995 74-1152529 501(C)(3) 8,000. 0. GENERAL OPERATING XAVIER MISSION FUND CAMPAIGN GIFT, PROGRAM SUPPORT, MISSIONARY 6732 W COAL MINE AVE, STE, 733 LITTLETON, CO 80123 501(C)(3) 37,200. 0. SUPPORT 87-3431369

Schedule I (Form 990) OF MINNESOTA 41-1744184

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) MISSIONARY SUPPORT. FOCUS-FELLOWSHIP OF CATHOLIC UNIV. GENERAL OPERATING STUDENTS - PO BOX 17408 - DENVER. PROGRAM SUPPORT. 84-1522811 501(C)(3) 57,120 0 ENDOWMENT GIFT CO 80217 ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN STREET DENVER, CO 80238 84-0893509 501(C)(3) 0. GENERAL OPERATING 12,000 FOCUS ON THE FAMILY ATTN: SPECIALTY TEAM COLORADO SPRINGS, CO 80920-1051 95-3188150 501(C)(3) 5.894 0. GENERAL OPERATING CITY OF THE LORD COMMUNITY 711 WEST UNIVERSITY DRIVE 86-0351356 0. GENERAL OPERATING TEMPE, AZ 85281 501(C)(3) 10,000 OUR LADY OF MOUNT CARMEL 2121 S. RURAL ROAD 0. TEMPE, AZ 85282 36-4643600 501(C)(3) 9,000 GENERAL OPERATING FOCOLARE MEDIA, INC. OF THE FOCOLARE MOVEMENT - 360 NORTH PACIFICA COAST HIGHWAY - EL SEGUNDO, CA 90245 27-0924405 501(C)(3) 46,000 0. GENERAL OPERATING YOUTH WITH A MISSION SAN DIEGO/BAJA - 1101 BAY BLVD C -GENERAL OPERATING. CHULA VISTA, CA 91911 33-0604992 501(C)(3) 23 000 0. PROGRAM SUPPORT PARADIGM MISSIONS 11010 OAK CREEK DRIVE MISSIONARY SUPPORT. LAKESIDE, CA 92040 86-3820948 501(C)(3) 100,000. 0. GENERAL OPERATING CATHOLIC ANSWERS P.O. BOX 199000 SAN DIEGO, CA 92159 501(C)(3) 0. GENERAL OPERATING 95-3754404 5,250.

Schedule I (Form 990)

Schedule I (Form 990) OF MINNESOTA 41-1744184 Page 1

Schedule I (Form 990) OF MINNES			and Damastic Co		adula I (Farm 000) Da		11-1/44184 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule i (Form 990), Pa 	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARY MOTHER OF GOD MISSION SOCIETY 736 MILESTONE CIRCLE							
IODESTO, CA 95357	41-1882587	501(C)(3)	5,627.	0.			GENERAL OPERATING
PRO ECCLESIA SANCTA OF CALIFORNIA							
VACAVILLE, CA 95688	30-0371107	501(C)(3)	1,520,000.	0.			GENERAL OPERATING
CATHOLIC BISHOP OF NORTHERN ALASKA/DIOCESE OF FAIRBANKS - 1312							
PEGER ROAD - FAIRBANKS, AK 99709	92-0019215	501(C)(3)	8,269.	0.			GENERAL OPERATING

Schedule I (Form 990) (Rev. 12-2024) OF MINNESOTA	41-1744184 F	Page :
Port III Crents and Other Assistance to Demostic Individuals Complete if the organize	stion anguared "Vas" on Form 000. Bort IV. line 22	

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 req	uired in Dort Llin	o Or Dort III. ookumn	(b), and any other as	Iditional information				
Part IV Supplemental Information. Provide the information req	uirea in Part I, iin	e 2, Part III, Column	(b), and any other ac	dutional information.				
WHEN GRANTS ARE PROVIDED FOR A SPEC	CIFIC PUR	POSE, AN C	OUTCOME REP	ORT IS SENT				
TO EACH GRANTEE, REQUESTING THAT T								
USED. HOWEVER, IF THE GRANT IS UNR		OR FOR GE	ENERAL USE,	AN OUTCOME				
REPORT IS NOT REQUESTED FROM THE GI	RANTEE.							
DADE II IIII 1 COLINGI (II)								
PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT	. CIIIDCII		ID T CV					
(H) PURPOSE OF GRANT OR ASSISTANCE				ONAT.				
DEVELOPMENT, RESOURCES/WORKBOOKS FO								
TRAINING SESSIONS	on binibb	GROOT THE	DIDCII DEBII					
NAME OF ORGANIZATION OR GOVERNMENT	: ST. DOM	INIC SCHOO)L					
(H) PURPOSE OF GRANT OR ASSISTANCE				NT				
INSTITUTE (LEI) , GENERAL OPERATING	G, PROGRA	M SUPPORT,	TUITION A	SSISTANCE,				
LEI WEBINARS AND ENL MODULES, REPLA	ACING IPA	DS AND CHE	ROMEBOOKS					

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. DOMINIC

Schedule I (Form 990) OF MINNESOTA 41-1744184 Page 2

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CATECHESIS OF THE GOOD SHEPHERD ADULT TRAINING AND MEMBERSHIP, SUPPORT FOR OUR YOUTH GROUP AND EXTREME FAITH CAMP, PROFESSIONAL DEVELOPMENT, BOOKS/PROGRAM COSTS OR RETREAT FOR SMALL GROUP MEMBERS, GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: HOLY CROSS CATHOLIC SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: CGS TRAINING AND CLASSROOM MATERIALS, NET RETREAT AND SERVICE PROJECTS, TUITION ASSISTANCE, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. MARK

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

CAPITAL IMPROVEMENTS, SCHOLARSHIP FUND, PROCESSIONAL CANDLES/CROSS, ALTAR

CLOTHS AND CANDLES FOR ADORATION CHAPEL

NAME OF ORGANIZATION OR GOVERNMENT: THE SAINT PAUL SEMINARY

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

TUITION ASSISTANCE, CAMPAIGN GIFT, MATCHING GIFT, SEMINARY TUITION,

ENDOWMENT GIFT, HOMILETICS

NAME OF ORGANIZATION OR GOVERNMENT: NATIVITY OF OUR LORD CATHOLIC CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PROGRAM SUPPORT,
PROFESSIONAL DEVELOPMENT, CAMPAIGN GIFT, TUITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: ST. CATHERINE UNIVERSITY

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

CAMPAIGN GIFT, TUITION ASSISTANCE, TUITION FOR NURSING OR PRE-MED

STUDENTS, PROGRAM SUPPORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION ASSISTANCE, NOTRE DAMES

LATINO ENROLLMENT INSTITUTE (LEI), GENERAL OPERATING, LEI WEBINARS AND

ENL MODULES, PURCHASING ADDITIONAL AIR CONDITIONERS

NAME OF ORGANIZATION OR GOVERNMENT:

ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS, MATCHING GIFT, PROGRAM SUPPORT, RETIRED RELIGIOUS, GENERAL OPERATING, SEMINARY TUITION, RESPECT LIFE OFFICE, LEO BYRNE RESIDENCE

NAME OF ORGANIZATION OR GOVERNMENT:

CHURCH OF THE PRESENTATION/BLESSED VIRGIN MARY

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH FORMATION, GENERAL OPERATING, CREATING SMALL GROUP MATERIALS FOR NON-ENGLISH SPEAKING PARTICIPANTS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. PETER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, GENERAL OPERATING, TUITION ASSISTANCE, BOOK "WHAT HAPPENS AT MASS" BY JEREMY DRISCOLL, OSB, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. PIUS X

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY FORMATION (SPIRIT SUNDAYS)

SUPPORT, PROFESSIONAL DEVELOPMENT, GENERAL OPERATING, TRAINING EVENT FOR

SMALL GROUP LEADERS

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

Schedule I (Form 990) OF MINNESOTA 41-1744184 Page 2

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, ETHICAL FASHION CLOTHING SWAP & EDUCATION NIGHT, CEMETERY SUPPORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, CATECHESIS OF THE GOOD SHEPHERD PROGRAM, EDUCATION PROGRAMS, CAMPAIGN GIFT, CAPITAL IMPROVEMENTS, CEMETERY SUPPORT, TUITION ASSISTANCE, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. ROSE OF LIMA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, EDUCATION

PROGRAMS, TEACHING AND HOSPITALITY RESOURCES FOR SMALL GROUP LEADER

TRAININGS/MEETINGS, TUITION ASSISTANCE, CRY ROOM UPDATES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, SCHOLARSHIPS FOR

CAMP, PROFESSIONAL DEVELOPMENT, EDUCATION PROGRAMS, FOOD/CLOTHING,

PROGRAM SUPPORT, PURCHASING MEALS, WORKBOOKS, MATERIALS FOR SMALL GROUP
INITIATIVE

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

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

TUITION ASSISTANCE, ENDOWMENT GIFT, PROGRAM SUPPORT, CAPITAL IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. JEROME

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PURCHASING 10 OF

THE HALLOW APPS, DVDS, AND BOOKS FOR SMALL GROUPS, PROGRAM SUPPORT, A NEW

EXTERIOR SIGN

NAME OF ORGANIZATION OR GOVERNMENT: ST. JEROME SCHOOL

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

TUITION ASSISTANCE, UPDATING FRONT OFFICE SPACE, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PRESCHOOL

CATHOLIC FAITH FORMATION MATERIALS, PROGRAM SUPPORT, TUITION ASSISTANCE,

EDUCATION PROGRAMS, FAMILY NIGHTS FOR FAITH FORMATION FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PROGRAM SUPPORT, TUITION ASSISTANCE, MATCHING GIFT, SCHOLARSHIP FUND, CONTINUED HEAT REGULATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: NET MINISTRIES, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. THOMAS ACADEMY

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

ASSISTANCE, GENERAL OPERATING, CAMPAIGN GIFT, SCHOLARSHIP FUND,

PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SAINT PAUL'S OUTREACH
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, MISSIONARY
SUPPORT, CAMPAIGN GIFT, PROGRAM SUPPORT, ENDOWMENT GIFT, MATCHING GIFT

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Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. ODILIA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, ENDOWMENT GIFT,
RESOURCES FOR CATECHESIS OF THE GOOD SHEPHERD, TUITION ASSISTANCE,
PROGRAM SUPPORT, EDUCATION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ST. THOMAS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, SURVEY SUMMARY FOR CRJC, GENERAL OPERATING, SCHOLARSHIP FUND, ENDOWMENT GIFT, CAMPAIGN GIFT, TUITION FOR NURSING OR PRE-MED STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. KATHARINE DREXEL (H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, CATECHESIS OF THE GOOD SHEPHERD, ENDOWMENT GIFT, GENERAL OPERATING, LITURGY TECHNOLOGY UPGRADES

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR COMMUNITY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: PASTORAL CARE PROGRAM AT SAINT
THERESE OF CORCORAN, ENABLING SENIOR INDEPENDENCE AND WELLBEING AT HOME

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, HUMANITARIAN,
CEMETERY SUPPORT, TUITION ASSISTANCE, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: MARY, MOTHER OF THE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH MINISTERS' NETWORK

PROFESSIONAL DEVELOPMENT SPEAKERS, SUMMER STRETCH, GENERAL OPERATING,

PURCHASING A SUBSCRIPTION FOR FORMED

NAME OF ORGANIZATION OR GOVERNMENT:

CHURCH OF THE IMMACULATE HEART OF MARY

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN THE BAPTIST SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, TUITION

ASSISTANCE, COMPLETING FLOORING INSTALLATION IN THE CAFETERIA

NAME OF ORGANIZATION OR GOVERNMENT: SHAKOPEE AREA CATHOLIC SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT, NOTRE DAMES LATINO ENROLLMENT INSTITUTE (LEI), TUITION ASSISTANCE, LEI WEBINARS AND ENL MODULES

NAME OF ORGANIZATION OR GOVERNMENT: PARISH OF SAINTS JOACHIM AND ANNE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT, CATECHESIS
OF THE GOOD SHEPHERD, GENERAL OPERATING, TUITION ASSISTANCE, EDUCATION
PROGRAMS

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

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

PROFESSIONAL DEVELOPMENT, EDUCATION PROGRAMS, HUMANITARIAN, CEMETERY

SUPPORT, RESTRICTED PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PROGRAM SUPPORT,
FOOD/CLOTHING, EDUCATION PROGRAMS, MATCHING GIFT, PASTORAL MINISTRY, HOPE

Schedule I (Form 990) OF MINNESOTA 41-1744184 Page 2

Part IV Supplemental Information

STREET

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. STEPHEN - HOLY ROSARY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, GENERAL OPERATING,
PURCHASING MATERIALS AND TRAINING FOR SPECIAL NEEDS SMALL GROUPS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, TUITION
ASSISTANCE, UPGRADING HALLWAY LIGHTING AND FOR SACRED ART

NAME OF ORGANIZATION OR GOVERNMENT: RISEN CHRIST CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, GENERAL OPERATING,
TUITION ASSISTANCE, COVERING A STRATEGIC MAR/COM CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF GICHITWAA KATERI

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, GENERAL OPERATING,
SCHOLARSHIP FUND, PROVIDING HOSPITALITY, LITERATURE, AND HANDOUTS FOR
SMALL GROUPS, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: ASCENSION CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT, GENERAL OPERATING,
LEGAL FEES, EMERGENCY FOOD/SHELTER, TRANSPORTATION, ETC., TUITION

ASSISTANCE, SCHOLARSHIP FUND, UPGRADING THE VIDEO INTERCOM

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF OUR LADY OF MOUNT CARMEL (H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN GIFT, OUR LADY OF MOUNT CARMEL YOUTH PROJECT WITH POPE JOHN PAUL II SCHOOL, GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JOHN PAUL II CATHOLIC PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT, GENERAL OPERATING, TUITION ASSISTANCE, PURCHASING TECH FOR ADDED 3RD GRADE CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC ELDERCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC ELDERCARE PASTORAL CARE,
GENERAL OPERATING, PROFESSIONAL DEVELOPMENT, CAMPAIGN GIFT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RCL BENZIGER CURRICULUM, STORIES OF
GOD'S LOVE, 2ND EDITION, PROFESSIONAL DEVELOPMENT, GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ANNUNCIATION

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

TUITION ASSISTANCE, LENTEN STUDY BOOKS, CAPITAL IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: BLESSED TRINITY CATHOLIC SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT, GENERAL OPERATING, TUITION ASSISTANCE, IMPROVING SIGNAGE AND FOR DEVELOPMENT SOFTWARE

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. TIMOTHY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, WELCOME TO

MUSTARD SEED!, PROFESSIONAL DEVELOPMENT, DISASTER RELIEF, RETIRED

RELIGIOUS

Schedule I (Form 990) OF MINNESOTA	41-1744184	Page 2
Part IV Supplemental Information		g
NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF OUR LADY OF GR.	ΔCE:	
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, YOUNG		
RETREAT, PROGRAM SUPPORT, ENDOWMENT GIFT, TUITION ASSISTANCE		
	, EDUCATION	
PROGRAMS, PROFESSIONAL DEVELOPMENT		
NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN'S UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, PROGR	AM SUPPORT,	
SCHOLARSHIP FUND, ENDOWMENT GIFT, CAPITAL IMPROVEMENTS		
NAME OF ORGANIZATION OR GOVERNMENT:		
ST. JOHN'S SCHOOL OF THEOLOGY AND SEMINARY		
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, SCHOL	ADCUTDC FOD	
ASPM LATINX STUDENTS REGISTRATION FOR YTM , EDUCATION PROGRA		
ASPM LATINA STUDENTS REGISTRATION FOR YTM , EDUCATION PROGRA	MS	

SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury

Name of the organization

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.

CATHOLIC COMMUNITY FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1744184

OF MINNESOTA

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. 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: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) (Rev. 12-2024)

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Regulations section 53.4958-6(c)?

Schedule J (Form 990) (Rev. 12-2024) **OF MINNESOTA** 41-1744184

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.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANNE CULLEN MILLER	(i)	355,994.	69,000.	540.	17,250.	3,257.	446,041.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER NELSON	(i)	219,321.	20,000.	0.	12,505.	9,040.	260,866.	0.
EXECUTIVE VP OF DEVELOPMENT & DONOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CASEY J SCOTT	(i)	178,012.	15,000.	0.	9,887.	9,111.	212,010.	0.
VP OF FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEG PAYNE NELSON	(i)	153,333.	15,450.	0.	9,038.	14,478.	192,299.	0.
VP OF IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MIKE RICCI	(i)	159,876.	5,000.	0.	8,522.	18,663.	192,061.	0.
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						0	000) (D 40 0004)

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) OF MINNESOTA 41-1744184 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

 $\begin{array}{c} \text{Employer identification number} \\ 41-1744184 \end{array}$

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, lin	n noncash contribu	etermin	_	s
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	96	21.147.98	32. STOCK MARKE	T OI	UOTI	ES
10	Securities - Closely held stock	X	2		4. APPRAISAL	- 2		
11	Securities - Partnership, LLC, or		_					
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
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 organi	zation during	the tax vear for c	ontributions	T			
	for which the organization completed Form 82	-	•				2	
	To Which the organization completed from CE	.00, 1 a. 1 1, 2	one of termine wilding				Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted on Part I lines 1 t	hrough 28, that it		100	
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	_				30a		х
b	If "Yes," describe the arrangement in Part II.					-		
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard con	tributions?	31	Х	
	Does the organization hire or use third parties						_	
	contributions?		_	· ·		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is	checked.			
	describe in Part II.	(5) 101	-, ₋ - - P - P	(a) 10	- ,			

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

Schedule M (Form 990) 2024 OF MINNESOTA Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	41-1744184	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a	and 33, and whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both. Also comp	olete
this part for any additional information.		
CHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTORS IS BEING LISTED.		
32142 01-18-25	Schedule M (Form	990) 202

Schedule M (Form 990) 2024

41-1744184

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization C

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Employer identification number 41-1744184

FORM 990 SECTION PART VI Α, LINE 1A: THE BOARD OF DIRECTORS SHALL ESTABLISH AN EXECUTIVE COMMITTEE OF THE BOARD COMMITTEE SHALL BE COMPOSED OF THE DIRECTORS. THEEXECUTIVE VICE THE IMMEDIATE PAST VICE CHAIRPERSON, THE OFFICERS CHAIRPERSON, OF CHAIRS OF THE FOUNDATION'S STANDING DIRECTORS, AND ALL OF THE COMMITTEES. 0NE (1) OR MORE OF OTHER DIRECTORS WITH VOTING RIGHTS APPOINTED THE BOARD OF DIRECTORS MAY ALSO SERVE ON THE EXECUTIVE COMMITTEE. CHAIRPERSON OF THE BOARD OF DIRECTORS SHALL NOT BE A MEMBER OF THE EXECUTIVE COMMITTEE. WHEN A MEMBER OF THE EXECUTIVE COMMITTEE CEASES SUCH PERSON AUTOMATICALLY VOTING DIRECTOR, SHALL CEASE TO BE A MEMBER THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. EXCEPT AS OTHERWISE DIRECTORS FROM TIME TO TIME LIMITED BY THE BOARD OF THEEXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS THE INTERVALS BETWEEN MEETINGS THE BOARD OF THIS FOUNDATION DURING OF TO THE DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS, SUBJECT ALWAYS COMMITTEE DIRECTORS. THEEXECUTIVE SHALL HOLD SUCH MEETINGS AS ITDEEMS NECESSARY AND MINUTES OF SUCH MEETINGS SHALL BE KEPT AND MADE AVAILABLE TO ATDIRECTORS ITS NEXTMEETING. THE AFFIRMATIVE VOTE (2/3)OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL TWO-THIRDS

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

NECESSARY FOR AN ACT OF

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.

THE EXECUTIVE COMMITTEE

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

THE ORGANIZATION'S CONFLICT OF INTEREST INDIVIDUAL COVERED BYREQUIRED TO COMPLETE ANNUAL DISCLOSURE FORM IDENTIFYING ANRELATIONSHIPS, POSITIONS OR CIRCUMSTANCES THEY ARE INVOLVED INTHATMIGHT THE TO CONFLICT OF INTEREST. THE POLICY IS REVIEWED BY BOARD OF GIVE RISE Α DIRECTORS ONCE EVERY THREE YEARS OR MORE FREQUENTLY IF NEEDED. ANY CHANGES THE POLICY WILL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE

POTENTIAL CONFLICT THE RELATIONSHIP AND MATERIAL INDIVIDUAL HAS Α ARE DISCLOSED TO THE BOARD OR COMMITTEE FOR DETERMINATION. CONFLICTED INDIVIDUALS MAY NOT PARTICIPATE IN ANY DISCUSSION OR VOTE onTHE TRANSACTION AND ARE NOT COUNTED FOR DETERMINING THE PRESENCE OF Α QUORUM. RELATED CONFLICTS ALL PROCEEDINGS TO OF INTEREST ARE NOTED MINUTES.

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

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

FOR THE PRESIDENT OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE DETERMINES

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024	Page 2
Name of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number 41-1744184
COMPENSATION UTILIZING COMPARABILITY DATA. THIS PROCESS IS	
ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL Y	
CURRENT PRESIDENT, ANNE CULLEN MILLER.	<u> </u>
CORRENT I RESIDENT, ANNU COLLEN MIDELIK.	
FOR OTHER OFFICERS, THE PRESIDENT OF CATHOLIC COMMUNITY FO	
COMPARABILITY DATA WHEN DETERMINING COMPENSATION LEVELS. A	
AND BENEFIT LEVELS ARE APPROVED WITHIN THE BUDGETARY PROCE	
BUDGET BEING APPROVED BY THE BOARD OF DIRECTORS. THIS PROC	
UNDERTAKEN DURING FISCAL YEAR 2025 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 INTER	
AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAIL	ABLE ON THE
FOUNDATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	268,281.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIARY	200,201.
ENDOWMENTS	-37,683,582.
EXCESS CONTRIBUTIONS OVER GRANTS, BENEFICIARY ENDOWMENTS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HELD FOR OTHERS	-8,532,169.
TOTAL TO FORM 990, PART XI, LINE 9	-45,947,470.

SCHEDULE R (Form 990)

(Rev. January 2025)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. CATHOLIC COMMUNITY FOUNDATION **Employer identification number** Name of the organization 41-1744184 OF MINNESOTA Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) **Exempt Code** Name, address, and EIN Legal domicile (state or Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA

41-1744184

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		 (j) General managin partner	(k) Percentage ownership
		77		,						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr enti	ity?
CHARITABLE REMAINDER TRUSTS (10)	INVESTMENTS		CATHOLIC COMMUNITY FOUNDATION OF	TRUST	0.	4,905,450.		х	

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA

41-1744184

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
ď	Sale of assets to related organization(s)				1g		X
9 h	Purchase of assets from related organization(s)	•••••			1h		X
ï	Exchange of assets with related organization(s)				1i		X
÷	Lease of facilities, equipment, or other assets to related organization(s)				1i		X
J	Lease of facilities, equipment, of other assets to related organization(s)				•,		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11		Х
m	Performance of services or membership or fundraising solicitations by related organ				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wl	ho must complete th	nis line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1)							
2)							
3)							
4)_							
5)		-					

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA 41-1744184 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop tionat allocation	Code V-UBI amount in box 2 of Schedule K-	General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA	41-1744184	Page 5
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 TRUS	ST:
NAME OF RELATED ORGANIZATION:		
CHARITABLE REMAINDER TRUSTS (10)		
DIRECT CONTROLLING ENTITY: CATHOLIC COMMUNITY FOUNDATION OF	' MINNESOTA	
	_	

Form **8868**

(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or CATHOLIC COMMUNITY FOUNDATION **Print** 41-1744184 OF MINNESOTA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2610 UNIVERSITY AVENUE WEST, 500 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55114 ST. PAUL, MN Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANNE CULLEN MILLER 2610 UNIVERSITY AVE. W - ST. PAUL, MN 55114 Telephone No. (612)389-0300 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 . If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for. , 20 26 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 24___ , and ending ____ X JUN 30 . tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 82,700. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 513,120. 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Зс

** PUBLIC INSPECTION COPY **

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		l	endar year 2024 or other tax year beginning JUL 1, 2024 and ending JUN 30, 202	2 5	2024
		For ca		45 .	2024
Departr Internal	nent of the Treasury Revenue Service	D	Go to www.irs.gov/Form990T for instructions and the latest information. o not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	שים שן	ployer identification number
			CATHOLIC COMMUNITY FOUNDATION	,	1 1844104
	empt under section	Print	OF MINNESOTA		1-1744184 oup exemption number
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	(see	e instructions)
	408(e) 220(e)	"	2610 UNIVERSITY AVENUE WEST, 500		
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt ST} \cdot {\tt PAUL}$, ${\tt MN} {\tt 55114}$	F	Check box if
	023(a) 323A	C Bo	ok value of all assets at end of year	╣	an amended return.
G	heck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
u C	neck organization	гуре	6417(d)(1)(A) Applicable entity	State	college/driiversity
H C	heck if filing only to	o claim		ant amo	ount from Form 3800
	.,,,		ation filing a consolidated return with a 501(c)(2) titleholding corporationed Schedules A (Form 990-T)		2
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation		163 [22] 110
	he books are in car			(612)389-0300
Par			d Business Taxable Income	, , , ,	7000 0000
1	Total of unrelated	l busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	78,289.
2				2	,
3	Add lines 1 and 2			3	78,289.
4			(see instructions for limitation rules) STMT 1 STMT 2	4	7,729.
5			s taxable income before net operating losses. Subtract line 4 from line 3		70,560.
6			ing loss. See instructions	6	,
7		•	ess taxable income before specific deduction and section 199A deduction.		
•	Subtract line 6 from		·	7	70,560.
8			erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions	9	
10			lines 8 and 9	10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	69,560.
Par	t II Tax Com				<u> </u>
1	Organizations ta	xable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	14,608.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in	struction		3	
4a	Amount from For	m 4255	i, Part I , line 3, column (q)	4a	
b			instructions	4b	
5	Alternative minim			5	
6	Tax on noncomp	oliant fa	acility income. See instructions	6	
7	Total. Add lines 3	3 throug	gh 6 to line 1 or 2, whichever applies	7	14,608.
Par	t III Tax and	Paym	nents		
1a	Foreign tax credit	t (corpo	orations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·		
С			Attach Form 3800 (see instructions) 1c		
d			mum tax (attach Form 8801 or 8827)		
е	Total credits. Ac	ld lines	1a through 1d	1e	
2			rt II, line 7	2	14,608.
3a	Amount from For	m 4255	is, Part I, line 3, column (r) (see instructions)		
b	Amount due from	Form			
С	Amount due from			-	
d	Amount due from	Form		-	
е	Other amounts d	•			_
f			lines 3a through 3e	3f	0.
4			nd 3f (see instructions).		14 600
			x amount here	4	14,608. Form 990-T (2024)
1 1 1 1 1	Car Danamusuk D		nn Act Notice see instructions 499701 01-30-95		Form 44()- ((000.4)

	90-T (2024)					F	Page 2
Part	To remain						
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)						0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	128,440	<u>-</u>			
b	Current year's estimated tax payments. Check if section 643(g) election		204 600				
	applies	6b		-			
С	Tax deposited with Form 8868			_			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			_			
е	Backup withholding (see instructions)			_			
f	Credit for small employer health insurance premiums (attach Form 8941)			-			
g	Elective payment election amount from Form 3800			-			
h	Payment from Form 2439			-			
i	Credit from Form 4136			-			
j	Other (see instructions)				F 1	2 1	20
7	Total payments. Add lines 6a through 6j			7 1	21	3,1	<u> </u>
8			L	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				40	0 E	1 2
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount ov					8,5	
11 Part	Enter the amount of line 10 you want: Credited to 2025 estimated tax IV Statements Regarding Certain Activities and Other Inform			11		8,5	<u> 12.</u>
			· · · · · · · · · · · · · · · · · · ·				Γ
1	At any time during the 2024 calendar year, did the organization have an interest in	Ū	•			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," to	•	•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter .	the name	of the foreign country				7
_	here						X
2	During the tax year, did the organization receive a distribution from, or was it the g						v
	foreign trust?						X
_	If "Yes," see instructions for other forms the organization may have to file.		Φ.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year						
4	Enter available pre-2018 NOL carryovers here \$ Do n						
_	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here be		•		о.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20		•				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17		vailable post-2017 NO				
	Business Activity Code 523000	\$	valiable post-2017 NO		636.		
	323000	\$			330.		
		\$					
		\$					
	Reserved for future use	_ Φ					
b	Reserved for future use						
Part							
	any additional information. See instructions.						
FIOVICE	any additional information. See instructions.						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a			ledge and t	pelief, it is true) ,	
Sign	correct, श्रेंधगुरुखने में Viete. Declaration of preparer (other than taxpayer) is based on all information of which pr	reparer has a					
Here	11/15/2025 PRES	IDENT			S discuss this er shown belov		vith
	Signatupp 8659ff806f4447 Date Title				s)? X Ye		No
	Print/Type preparer's name Preparer's signature	Date	Check	if PTI			-
Doid	LAURA SCHWEITZER, LAURA SCHWEITZER,		self-employed				
Paid Prepa	dD3	11/1			01760	010	
Use C		<u> </u>	Firm's EIN		$\frac{1-074}{}$		9
U36 (8215 GREENWAY BOULEVARD, SUITE	600		-			
	Firm's address MIDDLETON, WI 53562		Phone no.	608-	662-8	600	
	·		•		Form 99		(2024)

423711 01-30-25

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS PAID	N/A	45,270,433.
K-1 PASS THROUGH CHARITABLE EXPENSE	N/A	264.
TOTAL TO FORM 990-T, PART I, LI	INE 4	45,270,697.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
	ONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022 FOR TAX YEAR 2022	EARS UNUSED CONTRIBUTIONS 200,000 199,993 417,080 21,337,062 38,220,006		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10	% CONTRIBUTIONS	60,374,141 45,270,697	
TOTAL CONTRIBUTIONS ATTAXABLE INCOME LIMITA		105,644,838 7,729	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUT TOTAL EXCESS CONTRIBU		105,637,109 0 105,637,109	_
ALLOWABLE CONTRIBUTION	ONS DEDUCTION		- 7,729
TOTAL CONTRIBUTION DE	EDUCTION		7,729

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Name of the organization

OF MINNESOTA

Go to 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).

CATHOLIC COMMUNITY FOUNDATION

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

B Employer identification number 41-1744184

c լ	Unrelated business activity code (see instructions) 52300	0			D Sequence	: 1	of 2
E	Describe the unrelated trade or business METROPOLITAN	REZ	AL ESTATE	PARTN	ERS GLO	BAL	IV
_	t I Unrelated Trade or Business Income		(A) Income		(B) Expense		(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5	1,1	83.			1,183.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	1,1	83.			1,183.
	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come)			1	s must be
2	Compensation of officers, directors, and trustees (Part X) Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE S	TATEME	ENT 4	14	500.
15	Total deductions. Add lines 1 through 14					15	500.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part	I, line 13,			
	column (C)					16	683.
17	Deduction for net operating loss. See instructions		STN	IT 5	STMT 7	17	546.
18	Unrelated business taxable income. Subtract line 17 from line 1	6				18	137.
For F	Paperwork Reduction Act Notice, see instructions.				S	chedule	A (Form 990-T) 2024

	ule A (Form 990-T) 2024					Page 2
Part		hod of inventory valuat	ion	<u> </u>		
1	Inventory at beginning of year					
2	Purchases			l l	2	
3	Cost of labor			<u>3</u>		
4	Additional section 263A costs (attach statement)				·	
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5			<u>6</u>	5	
7	Inventory at end of year			7	,	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	nere and in Part I, line 2	2	<u>8</u>	<u> </u>	
9	Do the rules of section 263A (with respect to property					es No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased With Re	eal Property)		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ıctions.		
	A					
	В 🗌					
	c 🗌					
	D					
		Α	В	С		D
2	Rent received or accrued					
а	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)					
С	Total rents received or accrued by property.					
_	Add lines 2a and 2b, columns A through D					
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E		line 6, column /R\			0.
Part			, line 6, column (b)			
1	Description of debt-financed property (street address, of		thack if a dual-use. See	instructions		
•	A	nty, state, 211 '6646). C	mook ii a aaai ase. See	inotractions.		
	В					
	c \square					
	D					
		Α	В	С		D
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
•	to alabat Conservation and Albanda at at a second					
5	Average adjusted basis of or allocable to debt-					
3	financed property (attach statement)					
6	Divide line 4 by line 5	%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70		70	70
8	Total gross income (add line 7, columns A through D)	Enter here and an Da	rt Lline 7 column (A)		1	0.
O	i otal gross income (add line 1, columns A unough D)	. Litter Here and On Pa	ren, mine r, condititi (A)			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	d on Part I line 7 colum	nn (B)	I	0.
11	Total dividends-received deductions included in line					0.
<u> </u>						

1

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification income (loss) payments made connected with organization controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (B). line 8, column (A). 0 Totals Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A). line 9, column (B). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4 Gross income from activity that is not unrelated business income 5 Expenses attributable to income entered on line 5 6 6 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2024

4. Enter here and on Part II, line 12

	ule A (Form 990-T) 2024				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	o or more periodicals on a	consolidated bas	is.	
	A .				
	В				
	c 🗆				
	D				
Enter	amounts for each periodical listed above in the corre				
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part	I, line 11, column (A)			0.
			т		Т
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
-	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
Ü	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
_	Add line 8, columns A through D. Enter the greater		l or O boro and		
а			ai or -o- nere and	OH	0.
Part	X Compensation of Officers, Directors	nre and Truetees /	as instructions)		•
ı art	X Compensation of Officers, Direct	ors, and musices	see instructions)	O Davisanta na	4. Commonation
	4 Name	O Title		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					_
	LEnter here and on Part II, line 1				0.
Part	XI Supplemental Information (see ins	tructions)			

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

CATHOLIC CO	MMUNI	TY FOUNDATION	OF MIN	NESO			41-1744184
FORM 990-T	(A)	INCOM	ME (LOSS) FROM P	ARTNE	RSHIPS	STATEMENT 3
DESCRIPTION	I						NET INCOME OR (LOSS)
METROPOLITA BUSINESS IN		ESTATE PART	NERS GL	OBAL IV,	LP -	ORDINARY	1,183
TOTAL INCLU	DED ON	N SCHEDULE A,	PART I	, LINE 5			1,183
FORM 990-T	(A)		ОТНЕ	R DEDUCT	IONS		STATEMENT 4
DESCRIPTION	Ī						AMOUNT
ACCOUNTING	FEES						500
TOTAL TO SC	HEDULI	E A, PART II,	LINE 1	4			500
FORM 990-T	(A)	F	POST 201	7 NOL SC	HEDUL	E	STATEMENT 5
PRIOR YEAR 2017 NOL			NOL DED	UCTION			ORWARD OF 017 NOL
1	,636.			546.			1,090.
990-T SCH A	<u> </u>	POST-201			LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS	SUSTAINED	PREVI	SS OUSLY LIED	R	LOSS EMAINING	AVAILABLE THIS YEAR
06/30/24		1,636.		0.		1,636.	1,636.

1,636.

1,636.

NOL CARRYOVER AVAILABLE THIS YEAR

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 7
TAXABLE INCOME FROM THIS ENTITIES PORTI	M ALL ENTITIES ON OF TAXABLE INCOME	78,835. 683.
	ENTAGE OF PRE-2018 NET OPERATING LOSS WED PRE-2018 NET OPERATING LOSS	.87%
TAXABLE INCOME AFTE 80% INCOME LIMITATI	ER PRE-2018 NET OPERATING LOSS	683. 546.
POST-2017 AVAILABLE LESSER OF POST-2017	NET OPERATING LOSS OR 80% LIMITATION	1,636. 546.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service Go to 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

A i	· ·					Employer identification number $41-1744184$		
C	Unrelated business activity code (see instructions) 52300	0			D Sequen	ce: 2	of 2	
E	Describe the unrelated trade or business PARTNERSHIP	SILO	O - NO C	ONTROI	J			
	rt I Unrelated Trade or Business Income		(A) Incon		(B) Expens	565	(C) Net	
ıu			(7, 110011		(D) Expend		(0) 1101	
	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3		_				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a		0.				
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		_				
	Capital loss deduction for trusts	4c		_				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	_	99	868.			99,868.	
6		5 6	<i>33</i> ,	000.			99,000.	
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
Ü	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
·	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12		99,868.					
Da	rt II Deductions Not Taken Elsewhere. See instruct	tions f	or limitations	on ded	ictions De	ductions	must he	
ı u	directly connected with the unrelated business in	come		, o., a.a.	401,01,01,00	4401.01.0		
_	Occupantian of officers discolars and breakers (Dark V)							
1	Compensation of officers, directors, and trustees (Part X)							
2	Salaries and wages							
3 4	Repairs and maintenance					4		
5	Bad debts Interest (attach statement). See instructions					_ 		
6						6	14,566.	
7	Taxes and licenses Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return					8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs							
12	Excess exempt expenses (Part VIII)							
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)		SEE	STATE	MENT 9	14	7,150.	
15	Total deductions. Add lines 1 through 14					15	21,716.	
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Pa	rt I, line 13	,			
	column (C)					16	78,152.	
17	Deduction for net operating loss. See instructions						0.	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 1	6					78,152.	
For I	Paperwork Reduction Act Notice, see instructions.					Schedule A	A (Form 990-T) 2024	

	ule A (Form 990-T) 2024				Page 2
Part		hod of inventory valuat	ion	<u> </u>	
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	<u> </u>	8	
9	Do the rules of section 263A (with respect to property	produced or acquired for	or resale) apply to the	organization?	Yes No
Part	, , , ,				
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See inst	ructions.	
	A				
	В				
	c				
	D	1			
		A	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E	inter here and on Part I.	line 6. column (B)		0.
Part '		ee instructions)	(B)		
1	Description of debt-financed property (street address,		heck if a dual-use. See	e instructions.	
	A	3 , , , , ,			
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				_
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)		t I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification income (loss) payments made connected with organization controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (B). line 8, column (A). 0 Totals Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A). line 9, column (B). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4 Gross income from activity that is not unrelated business income 5 Expenses attributable to income entered on line 5 6 6 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2024

4. Enter here and on Part II, line 12

2

	ule A (Form 990-T) 2024				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on	a consolidated basis	3.	
	A 💹				
	В 🔲				
	c 🗆				
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on				0.
	•				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on		•	•	0.
4	Advertising gain (loss). Subtract line 3 from lin	ie			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a	_			
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a columns to	otal or -U- here and o	on	0.
Part	X Compensation of Officers, Dir	ectors and Trustees			<u> </u>
· ui c	Z Compensation of Cinicals, Di	octoro, and muctoco	(See Instructions)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	i. Name	2. IIII e		to business	unrelated business
(1)				to business %	unitelated business
(1)				% %	
(2)				% %	
(3)				90	
(4)				90	
T-4-	Fater have and an Deat II line 4				0.
Part		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Fait	Supplemental information (se	e instructions)			
_					

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
ARCLIGHT ENERGY PARTNERS FUND VI, LP - ORDINARY BUSINESS	
INCOME (LOSS) ARCLIGHT ENERGY PARTNERS FUND VI, LP - NET RENTAL REAL	128,325.
ECTATE INCOME	756.
ARCLIGHT ENERGY PARTNERS FUND VI, LP - INTEREST INCOME	13. -14,780.
ARCLIGHT ENERGY PARTNERS FUND VI, LP - INTEREST INCOME ARCLIGHT ENERGY PARTNERS FUND VI, LP - OTHER INCOME (LOSS) ARCLIGHT ENERGY PARTNERS FUND VII, LP - ORDINARY BUSINESS	-14,780.
INCOME (LOSS)	-303,423.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - INTEREST INCOME	46,139.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - DIVIDEND INCOME ARCLIGHT ENERGY PARTNERS FUND VII, LP - OTHER INCOME	34,363.
(LOSS)	-41,182.
ASCENSION ALPHA FUND, LLC - INTEREST INCOME	16.
ASCENSION ALPHA FUND, LLC - DIVIDEND INCOME	3.
ASCENSION ALPHA FUND, LLC - OTHER INCOME (LOSS)	-50.
ENERGY TRANSFER LP - ORDINARY BUSINESS INCOME (LOSS)	-216.
H.I.G. ADVANTAGE BUYOUT FUND LP - INTEREST INCOME	322.
H.I.G. ADVANTAGE BUYOUT FUND LP - DIVIDEND INCOME H.I.G. ADVANTAGE BUYOUT FUND LP - OTHER INCOME (LOSS)	8,281. -19,434.
H.I.G. ADVANTAGE BUYOUT FUND LP - OTHER INCOME (LOSS) H.I.G. ADVANTAGE BUYOUT FUND-AIV I, LP - ORDINARY BUSINESS	-19,434.
INCOME (LOSS)	-5,641.
H.I.G. MIDDLE MARKET LBO FUND III, LP - INTEREST INCOME	106.
H.I.G. MIDDLE MARKET LBO FUND III, LP - OTHER INCOME	
(LOSS)	-4,197.
H.I.G. MIDDLE MARKET III AIV IV, LP - ORDINARY BUSINESS	11 545
INCOME (LOSS) H.I.G. PRIVATE EQUITY CO-INVESTMENT - AIV I - ORDINARY	-11,745.
BUSINESS INCOME (LOSS	-3,824.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME	5,024.
(LOSS)	382,917.
NGP NATURAL RESOURCES XI, LP - NET RENTAL REAL ESTATE	·
INCOME	97.
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME	1,102.
NGP NATURAL RESOURCES XI, LP - DIVIDEND INCOME	462.
NGP NATURAL RESOURCES XI, LP - ROYALTIES NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)	13,989. -118,304.
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS) NGP NATURAL RESOURCES XII, LP - ORDINARY BUSINESS INCOME	-110,304.
(LOSS)	408,164.
NGP NATURAL RESOURCES XII, LP - NET RENTAL REAL ESTATE	100,101
INCOME	148.
NGP NATURAL RESOURCES XII, LP - INTEREST INCOME	1,895.
NGP NATURAL RESOURCES XII, LP - DIVIDEND INCOME	85.
NGP NATURAL RESOURCES XII, LP - ROYALTIES	8,922.
NGP NATURAL RESOURCES XII, LP - OTHER INCOME (LOSS)	-320,814.
STEPSTONE VC GLOBAL PARTNERS IX-B - ORDINARY BUSINESS	200
INCOME (LOSS) STEPSTONE VC GLOBAL PARTNERS IX-B - INTEREST INCOME	-200. 1.
STEPSTONE VC GLOBAL PARTNERS IX-B - INTEREST INCOME STEPSTONE VC GLOBAL PARTNERS IX-B - OTHER INCOME (LOSS)	-23.
STEPSTONE VC GLOBAL PARTNERS X-B - ORDINARY BUSINESS	25.
INCOME (LOSS)	-244.
STEPSTONE VC GLOBAL PARTNERS X-B - OTHER INCOME (LOSS)	255.

CATHOLIC COMMUNITY FOUNDATION OF MINNESO	41-1744184
WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	8,944.
WALTON STREET REAL ESTATE FUND VIII, LP - NET RENTAL REAL ESTATE INCOME WALTON STREET REAL ESTATE FUND VIII, LP - INTEREST INCOME WALTON STREET REAL ESTATE FUND VIII, LP - OTHER INCOME (LOSS) ACP INVESTMENT FUND IV-A, LP - INTEREST INCOME ACP INVESTMENT FUND IV-A, LP - OTHER INCOME (LOSS)	-21,710. 110. -28,352. 1. -42,918.
CHICAGO PACIFIC FOUNDERS HEALTHCARE REAL ESTATE FUND - NET RENTAL REAL ESTAT CHICAGO PACIFIC FOUNDERS HEALTHCARE REAL ESTATE FUND - INTEREST INCOME MB SPECIAL OPPORTUNITIES FUND II LLP - ORDINARY BUSINESS INCOME (LOSS) ARCLIGHT FUND VII RENEWABLES AIV, LP - ORDINARY BUSINESS INCOME (LOSS) CENTERBRIDGE CAPITAL PARTNERS IV (CAYMAN) - OTHER INCOME	-38,756. 1. 2,157. 30,328.
(LOSS) TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	99,868.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION	AMOUNT
ACCOUNTING FEES	7,150.
TOTAL TO SCHEDULE A, PART II, LINE 14	7,150.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

OF MINNESOTA

Capital Gains and Losses

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

OMB No. 1545-0123

2024

Name CATHOLIC COMMUNITY FOUNDATION

Employer identification number

41-1744184

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Yes X No

Part I Short-Term Capital Gain	is and Losses - Asse	ets Held One Year o	r Less		-
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (.g)	result with column (g)
1a Totals for all short-term transactions					
reported on Form 1099-B for which basis was reported to the IRS and for which you					
have no adjustments (see instructions). However, if you choose to report all these					
transactions on Form 8949, leave this line					
blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					10 507
Form(s) 8949 with Box C checked	5 0050 !: 00 07		1		-12,527.
4 Short-term capital gain from installment sales fi				4	
5 Short-term capital gain or (loss) from like-kind				5	,
6 Unused capital loss carryover (attach computati	/			6	-12,527.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	s and Losses - Asse	ets Held More Than	One Year	7	
See instructions for how to figure the amounts					(h) Gain or (loss)
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This form may be easier to complete if you	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (a)
round on cents to whole dollars.		· · ·	, ,	,	result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported			, ,		result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was			, ,		result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have					result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions					result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,					result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to					result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	7,250.	67,607.			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on	7,250.	67,607.			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked	7,250.	67,607.			-60,357. -2,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9				11	-60,357.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales for	rom Form 6252, line 26 or 37			11 12	-60,357. -2,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	rom Form 6252, line 26 or 37			11	-60,357. -2,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales for 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions	rom Form 6252, line 26 or 37 exchanges from Form 8824			11 12 13 14	-60,357. -2,334. 65,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales fill Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine like-kind 15 Net long-term capital gain or (loss).	rom Form 6252, line 26 or 37 exchanges from Form 8824 ines 8a through 14 in column			11 12 13	-60,357. -2,334. 65,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales fit and Capital gain distributions 15 Net long-term capital gain or (loss). Combine I Part III Summary of Parts I and	rom Form 6252, line 26 or 37 exchanges from Form 8824 ines 8a through 14 in column	h		11 12 13 14 15	-60,357. -2,334. 65,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales fit Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine I Part III Summary of Parts I and	rom Form 6252, line 26 or 37 exchanges from Form 8824 ines 8a through 14 in column II 7) over net long-term capital	h loss (line 15)		11 12 13 14 15	-60,357. -2,334. 65,334.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales fit a Long-term capital gain or (loss) from like-kind Capital gain distributions 15 Net long-term capital gain or (loss). Combine I Part III Summary of Parts I and	rom Form 6252, line 26 or 37 exchanges from Form 8824 ines 8a through 14 in column II 7) over net long-term capital capital gain (line 15) over net	hloss (line 15)short-term capital loss (line 7		11 12 13 14 15	-60,357. -2,334.

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

Schedule D (Form 1120) 2024

LHA

Form **8949**

Sales and Other Dispositions of Capital Assets

202

ZUZ4

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or

taxpayer identification no. 41-1744184

Name(s) shown on return

CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see N	ote above)
(D) Short term transactions reported on Form(s) 1000 B showing basis ween't reported to the IDS	

(B) Short-term transactions rep				eported to the IRS				
X (C) Short-term transactions no	t reported to you	on Form 1099-E	3	_				
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
ARCLIGHT ENERGY						adjustificite		
PARTNERS FUND VI,								
LP							-3,236.	C
NGP NATURAL							0,200	Ū
RESOURCES XI, LP							-48.	C
NGP NATURAL								_
RESOURCES XII, LP							-9,272.	С
STEPSTONE VC							,	
GLOBAL PARTNERS								
X-B							29.	С
2 Totals. Add the amounts in colur	nns (d), (e), (a), a	nd (h) (subtract						
negative amounts). Enter each to								
Schedule D, line 1b (if Box A abo		•						
above is checked), or line 3 (if B	• •	,					-12,527.	
Net as if you also also all Day A also as le		•					· · · · · · · · · · · · · · · · · · ·	

Note: If you checked Box A 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.

23011 12-18-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2024)

Form 8949 (2024) Attachment Sequence No. 12A Page 2 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 41-1744184 OF MINNESOTA 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 Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment 2000.000 SHARES -RUSH RIVER RESEARCH CORPORATION K-1 INTEREST VARIOUS 07/01/24 7,250. 67,607. -60,357. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 7,250. 67,607. -60,357. above is checked), or line 10 (if Box F above is checked) 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

Form **8949** (2024)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2024) Attachment Sequence No. 12A 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 41-1744184 OF MINNESOTA 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 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 Police Service aren't required to report these transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment H.I.G. ADVANTAGE BUYOUT FUND LP -31,673. NGP NATURAL RESOURCES XI, LΡ 32,987. NGP NATURAL RESOURCES XII, -3,652 STEPSTONE VC GLOBAL PARTNERS X-B 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) -2,334.

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.

Form **4797**

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

		TINTO 2 M T () AT					laer	ntifying number
	THOLIC COMMUNITY FO MINNESOTA	UNDATION					Ι.	41-1744184
	Enter the gross proceeds from sales	or exchanges rec	oorted to you for	2024 on Form(s)	1099-B or 1099-S		<u>'</u>	
	(or substitute statement) that you are						1a	
b	Enter the total amount of gain that yo	ou are including o	on lines 2, 10, ar					
						1	1b	
С	Enter the total amount of loss that yo	ou are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
_	assets		·····		·····	<u> </u>	1c	
Pa	rt I Sales or Exchanges of					-	ions	From Other
	Than Casualty or Theft	T-MOST Prope	ту пеіа імо	re inan i tea	1	· · · · · · · · · · · · · · · · · · ·	Т	
2	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or ot basis, plus		(g) Gain or (loss) Subtract (f) from the
CE	of property EE STATEMENT 10	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements expense of sa		sum of (d) and (e)
SE	E SIAIEMENI IU							
3	Gain, if any, from Form 4684, line 39	I		1	1		3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t					1	6	
7	Combine lines 2 through 6. Enter the	•				····	7	65,334.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,	Report the gain or	r (loss) following	the instructions fo		edule K,		
	·	·						
	Individuals, partners, S corporation from line 7 on line 11 below and skip	•						
	1231 losses, or they were recaptured		_	•				
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss	ses from prior vea	ırs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or I					Г	Ū	
	line 9 is more than zero, enter the am							
	capital gain on the Schedule D filed v	with your return. S	See instructions				9	65,334.
Pa	rt II Ordinary Gains and I	Losses (see in:	structions)					
40		`	<u> </u>	de la compansa de la colonidad				
10	Ordinary gains and losses not include	ded on lines 11 th	irougn 16 (includ	de property neid 1	year or less):		I	
11	Loss, if any, from line 7	L		1		' 	11	(
	Gain, if any, from line 7 or amount from						12	
	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin						14	
15	Ordinary gain from installment sales f						15	
16	Ordinary gain or (loss) from like-kind						16	
.c 17	_						17	
	For all except individual returns, ente							
	a and b below. For individual returns,			, r p	,	'		
а	If the loss on line 11 includes a loss f			(b)(ii), enter that pa	art of the loss here.	Enter the		
	loss from income-producing property	•	·					
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line					I .		
	(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Form 4797 (2024) OF MINNESOTA

41-1744184

Page 2

Pa	rt III Gain From Disposition of Propert	y Und	der Sections 1245	, 1250, 1252	, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acquire (mo., day, yr.)		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u></u>								
<u>D</u>			T					
	These columns relate to the properties on				_			
	lines 19A through 19D.		Property A	Property	В	Property C	;	Property D
	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
	Adjusted basis. Subtract line 22 from line 21	23						
	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	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.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	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						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: 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						
Sur	nmary of Part III Gains. Complete property o	مصبيات	a A through D through	ina 20h hafara	aaina	to line 20		
Jui	Complete property of	Olumn	S A through D through	ille 290 belore (going	to line 30.		
30	Total gains for all properties. Add property columns	A thro	ugh D, line 24				30	
	Add property columns A through D, lines 25b, 26g,	,	*			· · · · · · · · · · · · · · · · · · ·	31	
32	Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line		lty or theft on Form 468	34, line 33. Ente	r the p	oortion	32	
Pa	rt IV Recapture Amounts Under Section	ns 17	79 and 280F(b)(2) \	When Busine	ess l	Jse Drops to	50%	or Less
	(see instructions)							
						(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34	D				34			
35	Recapture amount. Subtract line 34 from line 33. Se			The state of the s	35			

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

FORM 4797	PRO	PERTY HEL	D MORE THAN	N ONE YEAR	ST.	ATEMENT 10
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ARCLIGHT ENERGY PARTNERS FUND VI, LP ARCLIGHT ENERGY						-835.
PARTNERS FUND VII, LP H.I.G. ADVANTAGE						-2,431.
BUYOUT FUND-AIV I, LP H.I.G. PRIVATE EQUITY CO-INVESTMENT -						20.
AI NGP NATURAL						14.
RESOURCES XI, LP						815.
NGP NATURAL RESOURCES XII, LP WALTON STREET REAL ESTATE FUND						23,990.
VIII, LP						43,761.
TOTAL TO 4797, PAR	RT I, LINE	2				65,334.

SCHEDULE D (Form 1120)

Name

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 for instructions and the latest information.

OMB No. 1545-0123

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

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

Employer identification number

41-1744184

Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	result with column (g)
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					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-12,527.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	ı h		7	-12,527.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on	7 250	67 607			60 257
Form(s) 8949 with Box E checked	7,250.	67,607.			-60,357.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					-2,334.
11 5				11	65,334.
12 Long-term capital gain from installment sales				12	73,7322
13 Long-term capital gain or (loss) from like-king				13	
				14	
15 Net long-term capital gain or (loss). Combine				15	2,643.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	
18 Add lines 16 and 17. Enter here and on Form			The state of the s	18	0.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2024

Form **8949**

Sales and Other Dispositions of Capital Assets

2024

ZUZ4

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification no.

41-1744184

Name(s) shown on return

CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

ou	nave more short-term transactions than will not this page for one of more of the boxes, complete as many forms with the same box checked as you need.
	(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not 1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If v	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	basis. See the Note below and see Column (e) in	in column column (f (f)	(g), enter a code in). See instructions. (g) Amount of	Subtract column (e from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ARCLIGHT ENERGY							
PARTNERS FUND VI,							
LP							<3,236.
NGP NATURAL							
RESOURCES XI, LP							<48.
NGP NATURAL							
RESOURCES XII, LP							<9,272.
STEPSTONE VC							
GLOBAL PARTNERS							
X-B							29.
2 Totals. Add the amounts in colu	mns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if B	• •	•					<12,527

Note: If you checked Box A 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* (a) in the separate instructions for how to figure the amount of the adjustment.

423011 12-18-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2024)

Form 8949 (2024) Attachment Sequence No. 12A Page 2 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 41-1744184 OF MINNESOTA 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 Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment 2000.000 SHARES -RUSH RIVER RESEARCH CORPORATION K-1 INTEREST VARIOUS 07/01/24 7,250. 67,607. <60,357. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 7,250. 67,607. <60,357.> above is checked), or line 10 (if Box F above is checked) 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.

Form 8949 (2024)

Form 8949 (2024) Attachment Sequence No. 12A 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 41-1744184 OF MINNESOTA 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 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 Police Service aren't required to report these transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment H.I.G. ADVANTAGE BUYOUT FUND LP <31,673.> NGP NATURAL RESOURCES XI, LΡ 32,987. NGP NATURAL RESOURCES XII, <3,652. STEPSTONE VC GLOBAL PARTNERS X-B 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) <2,334.>

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.

Form 8949 (2024)

10211113 131839 A485001

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

	THOLIC COMMUNITY FOR MINNESOTA	ONDATION						41-1744184
_	Enter the gross proceeds from sales	or ovobongoo ron	antad to you for	2024 on Form(s) 1	000 P or 1000 S			41-1/44104
	(or substitute statement) that you are	including on line	2, 10, or 20				1a	
b	Enter the total amount of gain that yo MACRS assets					1	1b	
С	Enter the total amount of loss that yo							
_	assets		·····			<u></u>	1c	
Pa	Sales or Exchanges of Than Casualty or Theft					-	ions	From Other
	· · · · · · · · · · · · · · · · · · ·	T			(e) Depreciation	(f) Cost or ot	her	(a) Only on (1000)
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plus improvements		(g) Gain or (loss) Subtract (f) from the
SI	EE STATEMENT 11				acquisition	expense of sa		sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k	kind exchanges fr	rom Form 8824				5	
6	Gain, if any, from line 32, from other t	han casualty or t	heft				6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	65,334.
	Partnerships and S corporations. F				r Form 1065, Sche	edule K,		
	line 10, or Form 1120-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	below.				
	Individuals, partners, S corporation							
	from line 7 on line 11 below and skip		-	•				
	1231 losses, or they were recaptured the Schedule D filed with your return				ig-term capital gal	n on		
	the concade B filed with your retain	and only intes e,	o, 11, and 12 b	51 0 W .		-		
8	Nonrecaptured net section 1231 loss					Г	8	
9	Subtract line 8 from line 7. If zero or le			-				
	line 9 is more than zero, enter the am			_		·	_	65 224
	capital gain on the Schedule D filed w	vitn your return. S	see instructions				9	65,334.
Pa	rt II Ordinary Gains and I	Losses (see ins	structions)					
10	Ordinary gains and losses not include	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
	, ,		,		,			
11	Loss, if any, from line 7						11	()
12							12	
13							13	
14	Net gain or (loss) from Form 4684, line	04 100					14	
15	Ordinary gain from installment sales f	rom Form 6252,	line 25 or 36				15	
16	Ordinary gain or (loss) from like-kind e	exchanges from F	orm 8824				16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter	r the amount fron	n line 17 on the	appropriate line of	your return and sl	kip lines		
	a and b below. For individual returns,	complete lines a	and b below.					
а	If the loss on line 11 includes a loss fi	rom Form 4684, I	line 35, column ((b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (I	Form 1040), line	16. (Do not include	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo	rm 4797, line 18a	a." See instruction	ons			18a	
b	Redetermine the gain or (loss) on line	•						
	(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

Form 4797 (2024) OF MINNESOTA

41-1744184

Page 2

Pa	rt III Gain From Disposition of Propert	y Und	der Sections 1245	, 1250, 1252	, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						d	(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u></u> C								
D								
	These columns relate to the properties on				_			
	lines 19A through 19D.		Property A	Property	В	Property C		Property D
	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	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.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	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						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: 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						
Sur	nmary of Part III Gains. Complete property o	مصبيات	a A through D through	ina 20h hafara	aoina	to line 20		
Jui	Complete property of	Olumn	S A through D through	ille 290 belore (going	to line 30.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
	Add property columns A through D, lines 25b, 26g,	,	,				31	
32	Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line		ulty or theft on Form 468	34, line 33. Ente	r the p		32	
Pa	rt IV Recapture Amounts Under Section	ns 17	79 and 280F(b)(2) \	When Busine	ess l	Jse Drops to 5	50%	or Less
	(see instructions)					T		
						(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34	D				34			
35	Recapture amount. Subtract line 34 from line 33. Se			The state of the s	35			

CATHOLIC COMMUNITY FOUNDATION OF MINNESO

FORM 4797	PRO	PERTY HEL	D MORE THAN	N ONE YEAR	ST.	ATEMENT 11
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ARCLIGHT ENERGY PARTNERS FUND VI, LP ARCLIGHT ENERGY						-835.
PARTNERS FUND VII, LP H.I.G. ADVANTAGE						-2,431.
BUYOUT FUND-AIV I, LP H.I.G. PRIVATE EQUITY						20.
CO-INVESTMENT - AI NGP NATURAL						14.
RESOURCES XI, LP						815.
NGP NATURAL RESOURCES XII, LP WALTON STREET REAL ESTATE FUND						23,990.
VIII, LP						43,761.
TOTAL TO 4797, PAI	RT I, LINE	2				65,334.