

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2610 UNIVERSITY AVENUE WEST 500 City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55114 F Name and address of principal officer: ANNE CULLEN MILLER SAME AS C ABOVE	D Employer identification number 41-1744184 E Telephone number 651-389-0300 G Gross receipts \$ 162,021,958. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CCF-MN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1992
		M State of legal domicile: MN

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT FINANCIALLY THE SPIRITUAL, EDUCATIONAL AND SOCIAL NEEDS OF OUR CATHOLIC COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	27
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	716,863.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	716,863.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 58,046,448.
9		Program service revenue (Part VIII, line 2g)	1,493,609.	1,507,551.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,912,268.	15,973,305.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-171,207.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,452,325.	58,337,820.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,597,112.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,416,037.	2,765,891.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,930,830.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,391,264.	2,331,945.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,404,413.	29,115,347.
	19	Revenue less expenses. Subtract line 18 from line 12	63,047,912.	29,222,473.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 507,390,590.	End of Year 595,109,092.
	21	Total liabilities (Part X, line 26)	263,206,862.	317,860,924.
	22	Net assets or fund balances. Subtract line 21 from line 20	244,183,728.	277,248,168.

Part II Signature Block

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

Sign Here	Signature of officer ANNE CULLEN MILLER, PRESIDENT	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY ANDERSON, CPA	Preparer's signature KIMBERLY ANDERSON, C
	Date 12/12/23	Check if self-employed <input type="checkbox"/> PTIN P00188889
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749
	Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562	Phone no. 608-662-8600

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA IS TO
SUPPORT FINANCIALLY THE SPIRITUAL, EDUCATIONAL, AND SOCIAL NEEDS OF
OUR CATHOLIC COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 24,487,259. including grants of \$ 24,017,511.) (Revenue \$ 1,507,551.)
THE FOUNDATION INSPIRES CATHOLIC PHILANTHROPY AND INVESTS, MANAGES, AND
DISTRIBUTES CHARITABLE ASSETS AS GUIDED BY OUR DONORS AND OUR CATHOLIC
IDENTITY.

THE FOUNDATION FACILITATES PLANNED AND CURRENT GIFTS TO ENDOWMENTS AND
DONOR ADVISED FUNDS WHICH FINANCIALLY SUPPORT NEEDS IN OUR CATHOLIC
COMMUNITY. IN THE PAST YEAR, ALMOST 1,100 CATHOLIC PARISHES, SCHOOLS
AND OTHER ORGANIZATIONS BENEFITED FROM NEARLY 3,700 GRANTS FROM THE
FOUNDATION, TOTALING \$24M.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 24,487,259.

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

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	17	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		3
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
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.	25	
b	Enter the number of voting members included on line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE CULLEN MILLER PRESIDENT	40.00			X			336,139.	0.	18,359.	
(2) CHRISTOPHER NELSON VP OF DEVELOPMENT & DONOR	40.00				X		196,168.	0.	17,489.	
(3) CASEY J SCOTT VP OF FINANCE AND ADMIN	40.00			X			181,600.	0.	19,088.	
(4) MIKE RICCI DIRECTOR - OUTREACH & INVEST	40.00					X	153,130.	0.	30,595.	
(5) MEG PAYNE NELSON VP OF IMPACT	40.00					X	141,009.	0.	25,366.	
(6) BETHEL RUEST SENIOR PHILANTHROPIC ADVISOR	40.00					X	104,259.	0.	24,774.	
(7) JEANNE SCHAAF DIRECTOR OF INSTITUTIONAL STEWARDSHI	40.00					X	105,013.	0.	18,441.	
(8) ARCHBISHOP BERNARD HEBDA CHAIR	1.00			X			0.	0.	0.	
(9) THOMAS MCCARR TREASURER	2.00	X		X			0.	0.	0.	
(10) KATHY COONEY VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) GREG MELSEN SECRETARY	2.00	X		X			0.	0.	0.	
(12) MARIE PILLAI DIRECTOR	2.00	X					0.	0.	0.	
(13) REVEREND CHARLES LACHOWITZER DIRECTOR	2.00	X					0.	0.	0.	
(14) MONIQUE MADDOX DIRECTOR	2.00	X					0.	0.	0.	
(15) JULIE GEREND DIRECTOR	2.00	X					0.	0.	0.	
(16) STEVE LENTZ DIRECTOR	2.00	X					0.	0.	0.	
(17) JJ KIRBY DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARET MURPHY DIRECTOR	2.00	X					0.	0.	0.	
(19) JACKIE GIBNEY DIRECTOR	2.00	X					0.	0.	0.	
(20) KATE WENGER DIRECTOR	2.00	X					0.	0.	0.	
(21) WILLIAM FAULKNER DIRECTOR	2.00	X					0.	0.	0.	
(22) THOMAS MERTENS DIRECTOR	2.00	X					0.	0.	0.	
(23) JASON MORRISON DIRECTOR	2.00	X					0.	0.	0.	
(24) CYNTHIA BAILEY MANNS DIRECTOR	2.00	X					0.	0.	0.	
(25) FRANK FORSBERG DIRECTOR	2.00	X					0.	0.	0.	
(26) SHEILA BERUBE DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							1,217,318.	0.	154,112.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,217,318.	0.	154,112.	

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARTISAN PARTNERS, 875 EAST WISCONSIN AVE, STE 800, MILWAUKEE, WI 53202	INVESTMENT MANAGER	243,210.
U.S. BANK INSTITUTIONAL TRUST & CUSTODY 60 LIVINGSTON AVENUE, ST. PAUL, MN 55107	CUSTODIAL FEES	240,045.
LCG ASSOCIATES, 400 GALLERIA PARKWAY #1800, ATLANTA, GA 30339	INVESTMENT ADVISOR	199,833.
NUVEEN ASSET MANAGEMENT LLC 25604 NETWORK PLACE, CHICAGO, IL 60673-1256	INVESTMENT MANAGER	154,329.
ROTHSCHILD ASSET MANAGEMENT, 1251 AVENUE OF THE AMERICAS 34TH FLOOR, NEW YORK, NY	INVESTMENT MANAGER	149,553.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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

**CATHOLIC COMMUNITY FOUNDATION
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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	287,882.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	40,740,289.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,547,361.				
	h Total. Add lines 1a-1f			41,028,171.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		541900	1,507,551.	1,507,551.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,507,551.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,341,689.		716,863.	7624826.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	110,990,297.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	103,358,681.				
	c Gain or (loss)	7c	7,631,616.				
	d Net gain or (loss)			7,631,616.		7631616.	
8 a Gross income from fundraising events (not including \$ 287,882. of contributions reported on line 1c). See Part IV, line 18	8a		154,250.				
		8b	325,457.				
c Net income or (loss) from fundraising events			-171,207.		-171,207.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			58,337,820.	1,507,551.	716,863.	15085235.	

**CATHOLIC COMMUNITY FOUNDATION
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	24,017,511.	24,017,511.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,034,371.	221,287.	363,922.	449,162.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,351,072.	126,177.	463,219.	761,676.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,060.	10,591.	32,496.	52,973.
9 Other employee benefits	146,073.	10,586.	50,087.	85,400.
10 Payroll taxes	138,315.	19,639.	46,799.	71,877.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,669.		367.	6,302.
c Accounting	57,653.		57,653.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,485,359.		1,485,359.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	55,178.	7,835.	18,670.	28,673.
12 Advertising and promotion	202,606.			202,606.
13 Office expenses	83,534.	11,861.	28,264.	43,409.
14 Information technology	205,964.	29,244.	69,688.	107,032.
15 Royalties				
16 Occupancy	121,033.	17,185.	40,952.	62,896.
17 Travel	5,876.	834.	1,988.	3,054.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,189.	879.	2,094.	3,216.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,685.	5,493.	13,089.	20,103.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & MEMBERSHIPS	38,090.	5,408.	12,888.	19,794.
b _____				
c _____				
d _____				
e All other expenses _____	25,109.	2,729.	9,723.	12,657.
25 Total functional expenses. Add lines 1 through 24e	29,115,347.	24,487,259.	2,697,258.	1,930,830.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CATHOLIC COMMUNITY FOUNDATION
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,746,665.	1	1,587,607.	
	2 Savings and temporary cash investments	44,996,265.	2	63,212,640.	
	3 Pledges and grants receivable, net	3,982,185.	3	2,283,769.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	261,898.	9	310,946.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	254,866.			
	b Less: accumulated depreciation	176,302.			
	11 Investments - publicly traded securities	305,736,983.	11	380,683,185.	
	12 Investments - other securities. See Part IV, line 11	146,243,021.	12	142,367,726.	
	13 Investments - program-related. See Part IV, line 11	967,481.	13	977,916.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	3,385,150.	15	3,606,739.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	507,390,590.	16	595,109,092.		
Liabilities	17 Accounts payable and accrued expenses	908,203.	17	984,480.	
	18 Grants payable	665,500.	18	728,500.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	186,646,997.	21	231,182,309.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	74,986,162.	25	84,965,635.	
	26 Total liabilities. Add lines 17 through 25	263,206,862.	26	317,860,924.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	75,975,320.	27	93,809,975.	
	28 Net assets with donor restrictions	168,208,408.	28	183,438,193.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	244,183,728.	32	277,248,168.	
	33 Total liabilities and net assets/fund balances	507,390,590.	33	595,109,092.	

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**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,337,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,115,347.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,222,473.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	244,183,728.
5	Net unrealized gains (losses) on investments	5	33,001,306.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29,159,339.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	277,248,168.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23582467.	28282648.	29273096.	58046448.	41028171.	180212830
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23582467.	28282648.	29273096.	58046448.	41028171.	180212830
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27275040.
6 Public support. Subtract line 5 from line 4.						152937790

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	23582467.	28282648.	29273096.	58046448.	41028171.	180212830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61371177.	6238682.	4676864.	5478675.	7624826.	30156224.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				28,313.	716,863.	745,176.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						211114230
12 Gross receipts from related activities, etc. (see instructions)					12	6,563,790.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	72.44 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	75.22 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Employer identification number

41-1744184

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,611,941.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,318,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>987,231.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,465,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>9,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,189,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,109,739.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,233,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	662 SH IJR, 291 SH VRTX, 173 SH UNH	\$ 237,231.	09/12/22
5	1,000 SH DCI, 149 SH AAGIY, 2 SH AAP, 49 SH AAPL, 9 SH ACN, 11 SH ADUS, 15 SH ALC, 43 SH ALGM,	\$ 340,798.	06/30/23
6	3,229 SH AAPL, 140 SH ABBV, 141 SH ABT, 273 SH ADM, 510 SH ADP, 1,901 SH AES, 1,402 SH AIG	\$ 7,931,646.	03/15/23
		\$	
		\$	
		\$	

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	362	
2 Aggregate value of contributions to (during year)	28,237,403.	
3 Aggregate value of grants from (during year)	18,980,335.	
4 Aggregate value at end of year	80,569,696.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Schedule D (Form 990) 2022

41-1744184 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	91,467.	COST
(3) Other		
(A) HEDGE FUNDS AND PRIVATE		
(B) EQUITY INVESTMENTS	116,274,535.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENTS	17,590,303.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INTEREST IN		
(E) TRUST	8,411,421.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	142,367,726.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BENEFICIARY ENDOWMENTS	81,117,539.
(3) CHARITABLE GIFT ANNUITY AND	
(4) CHARITABLE REMAINDER TRUST	
(5) OBLIGATIONS	3,715,746.
(6) LEASE LIABILITY	132,350.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,965,635.

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

Schedule D (Form 990) 2022

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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

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

1	Total revenue, gains, and other support per audited financial statements	1	58,418,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,001,306.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	325,457.
e	Add lines 2a through 2d	2e	33,326,763.
3	Subtract line 2e from line 1	3	25,091,461.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,485,359.
b	Other (Describe in Part XIII.)	4b	31,761,000.
c	Add lines 4a and 4b	4c	33,246,359.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	58,337,820.

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

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

1	Total expenses and losses per audited financial statements	1	25,353,784.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	325,457.
e	Add lines 2a through 2d	2e	325,457.
3	Subtract line 2e from line 1	3	25,028,327.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,485,359.
b	Other (Describe in Part XIII.)	4b	2,601,661.
c	Add lines 4a and 4b	4c	4,087,020.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	29,115,347.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE ESTABLISHED FOR THE BENEFIT OF ONE OR MORE CHARITABLE ORGANIZATIONS. ANY DONOR OR ORGANIZATION MAY MAKE A GIFT OF ANY SIZE TO AN ESTABLISHED FUND, OR A DONOR OR ORGANIZATION MAY SETUP A NEW DESIGNATED

Part XIII Supplemental Information (continued)

FUND WITH A MINIMUM CONTRIBUTION OF \$50,000. THE EARNINGS FROM THESE
ENDOWMENT FUNDS ARE DISTRIBUTED TO THE BENEFICIARY ORGANIZATION(S).
ESTABLISHMENT OF AN ENDOWMENT FUND IS A WONDERFUL WAY TO ENSURE THE
PERPETUAL SUPPORT OF IMPORTANT CHARITABLE CAUSES.

PART X, LINE 2:

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES	325,457.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RECEIVED FOR BENEFICIAL ENDOWMENTS	6,066,738.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	92,957.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS	25,601,305.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	31,761,000.

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES 325,457.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BENEFICIAL ENDOWMENTS 2,601,661.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number 41-1744184
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	40,901,987.
EUROPE	0	0	INVESTMENTS	N/A	3,939,204.
3 a Subtotal	0	0			44,841,191.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			44,841,191.

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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

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

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

3 Enter total number of other organizations or entities

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Schedule F (Form 990) 2022

41-1744184 Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Part V Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD FOR TRACKING EXPENDITURES.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		30TH ANNIVERSARY (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	442,132.			442,132.
	2 Less: Contributions	287,882.			287,882.
	3 Gross income (line 1 minus line 2)	154,250.			154,250.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,250.			2,250.
	7 Food and beverages	168,537.			168,537.
	8 Entertainment	2,100.			2,100.
	9 Other direct expenses	152,570.			152,570.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				325,457.
11 Net income summary. Subtract line 10 from line 3, column (d)				-171,207.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

Schedule G (Form 990) 2022

41-1744184 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust...
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Table with 2 columns: Label (13a, 13b) and Percentage (%).

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization
c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions...
b Enter the amount of distributions required under state law to be distributed to other exempt organizations...

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BROTHERHOOD OF HOPE PO BOX 17361 SMITFIELD, RI 02917	22-2596127	501(C)(3)	6,200.	0.			GENERAL OPER
MARY'S MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	5,500.	0.			GENERAL OPER
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416	501(C)(3)	10,524.	0.			GENERAL OPER
LUPUS RESEARCH ALLIANCE 270 MADISON AVENUE, SUITE 300 NEW YORK, NY 10016	58-2492929	501(C)(3)	50,000.	0.			GENERAL OPER
CATHOLIC LEAGUE FOR RELIGIOUS & CIVIL RIGHTS - 450 SEVENTH AVE, 34TH FLOOR - NEW YORK, NY 10123	23-7279981	501(C)(3)	5,292.	0.			GENERAL OPER
TUNNEL TO TOWERS FOUNDATION 2361 Hylan Blvd STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	5,500.	0.			GENERAL OPER, PROGRAM SUPP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **402.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) 2022

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Schedule I (Form 990)

41-1744184

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALESIAN MISSIONS 2 LEFEVRE LANE P.O. BOX 30 NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	5,542.	0.			GENERAL OPER
FOCOLARE MEDIA, INC. OF THE FOCOLARE MOVEMENT - 202 COMFORTER BOULEVARD - HYDE PARK, NY 12538	27-0924405	501(C)(3)	18,000.	0.			GENERAL OPER
FOCOLARE MOVEMENT MEN'S BRANCH 5548 BEACON STREET PITTSBURGH, PA 15217	27-0944965	501(C)(3)	6,000.	0.			PROGRAM SUPP
MISSIONARIES OF AFRICA 1622 - 21ST STREET NW WASHINGTON, DC 20009	53-0219725	501(C)(3)	5,092.	0.			GENERAL OPER
FRANCISCAN FOUNDATION FOR THE HOLY LAND - P.O. BOX 29086 - WASHINGTON, DC 20017	33-0628775	501(C)(3)	6,325.	0.			GENERAL OPER, PROGRAM SUPP
FISHER HOUSE FOUNDATION INC. 12300 TWINBROOK PKWY SUITE 410 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	5,100.	0.			GENERAL OPER
JOSEPHITES SOCIETY OF ST. JOSEPH OF THE SACRED HEART - P.O. BOX 65010 - BALTIMORE, MD 21209	52-0951436	501(C)(3)	5,092.	0.			GENERAL OPER
CATHOLIC CHARITIES-USA 2050 BALLENGER AVENUE, SUITE 400 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	5,500.	0.			DISASTER RELIEF, GENERAL OPER
HUMAN LIFE INTERNATIONAL 4 FAMILY LIFE LANE FRONT ROYAL, VA 22630	52-1241765	501(C)(3)	12,434.	0.			GENERAL OPER

Schedule I (Form 990)

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY FOUNDATION OF THE DIOCESE OF RICHMOND - 7800 CAROUSEL LANE - RICHMOND, VA 23294	47-1403628	501(C)(3)	6,000.	0.			PROGRAM SUPP
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	56-0529999	501(C)(3)	10,000.	0.			GENERAL OPER
SAVE OUR ALLIES 1506 EAST FRANKLIN STREET, SUITE 10 CHAPEL HILL, NC 27514	87-2799910	501(C)(3)	10,000.	0.			GENERAL OPER
TRANSPORT FOR TROOPS 6474 NORTH SR-7 #270 COCONUT CREEK, FL 33073	81-2920744	501(C)(3)	6,500.	0.			GENERAL OPER
HARRY CHAPIN FOOD BANK COLLIER COUNTY CENTER 3940 PROSPECT AVE. #101 - NAPLES, FL 34104	59-2332120	501(C)(3)	6,000.	0.			DISASTER RELIEF, GENERAL OPER
CHURCH OF ST. JOHN THE EVANGELIST 625 111TH AVENUE N NAPLES, FL 34108	65-0082023	501(C)(3)	7,000.	0.			GENERAL OPER
EWTN - ETERNAL WORD TELEVISION NETWORK - 5817 OLD LEEDS ROAD - IRONDALE, AL 35210	63-0801391	501(C)(3)	9,330.	0.			GENERAL OPER
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	22,800.	0.			GENERAL OPER
SACRED HEART SOUTHERN MISSIONS P.O. BOX 190 WALLS, MS 38686	64-0854543	501(C)(3)	5,092.	0.			GENERAL OPER

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CONCERTS FOR HOPE PO BOX 172 SIMPSONVILLE, KY 40067	47-5548831	501(C)(3)	10,000.	0.			PROGRAM SUPP
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	26-4549213	501(C)(3)	12,850.	0.			GENERAL OPER
DAMASCUS CATHOLIC MISSION CAMPUS (CATHOLIC YOUTH SUMMER CAMP) - 7550 RAMEY ROAD - CENTERBURG, OH 43001	20-8398029	501(C)(3)	24,550.	0.			CAPITAL IMPROV, GENERAL OPER, MISSIONARY SUPP
NATIONAL EUCHARISTIC CONGRESS NOTRE DAME FEDERAL CREDIT UNION PO NOTRE DAME, IN 46556	53-0196617	501(C)(3)	112,000.	0.			GENERAL OPER, PROGRAM SUPP
UNIVERSITY OF NOTRE DAME OFFICE OF FOUNDATION RELATIONS 1251 NORTH EDDY ST, SUITE 300 - SOUTH BEND, I	35-0868188	501(C)(3)	227,800.	0.			ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP
GUEST HOUSE, MI 1601 JOSLYN ROAD LAKE ORION, MI 48360	38-1557146	501(C)(3)	12,382.	0.			GENERAL OPER
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	6,400.	0.			EDUCATION PROGS, GENERAL OPER
LORAS COLLEGE DEVELOPMENT OFFICE 1450 ALTA VISTA DUBUQUE, IA 52001	42-0680412	501(C)(3)	31,100.	0.			TUITION ASSIST
SOCIETY OF THE DIVINE SAVIOR 1303 MILWAUKEE DRIVE SALVATORIAN CENTER, WI 53062	39-0806210	501(C)(3)	5,092.	0.			GENERAL OPER

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ST. ANNE CATHOLIC CHURCH 9091 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE, WI 53158	39-1922264	501(C)(3)	6,000.	0.			GENERAL OPER
SCHOENSTATT SISTERS OF MARY W284 N404 CHERRY LANE WAUKESHA, WI 53188	39-6068703	501(C)(3)	11,500.	0.			GENERAL OPER
MARQUETTE UNIVERSITY - ADVANCEMENT 1250 W. WISCONSIN AVENUE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	31,100.	0.			PROGRAM SUPP
DOMINICAN SISTERS OF SINSINAWA OFFICE OF DEVELOPMENT 585 COUNTY RO SINSINAWA, WI 53824	39-0816854	501(C)(3)	25,200.	0.			CAMPAIGN GIFT, GENERAL OPER
THE NORBERTINE FATHERS/SAINT NORBERT ABBY - 1016 NORTH BROADWAY - DE PERE, WI 54115	93-0755715	501(C)(3)	5,092.	0.			GENERAL OPER
CATHEDRAL SCHOOL 1419 BAXTER AVENUE SUPERIOR, WI 54880	39-0808459	501(C)(3)	24,000.	0.			TUITION ASSIST GENERAL OPER, PROGRAM
PREGNANCY RESOURCE CENTER OF CAMBRIDGE - 140 BUCHANAN STREET NO SUITE 138 - CAMBRIDGE, MN 55008	41-1757917	501(C)(3)	6,000.	0.			SUPP, SIGNAGE, MULTI-LANGUAGE COMMS, DB HELP, GENERAL OPER,
CHURCH OF ST. PATRICK 19921 NIGHTINGALE STREET NW OAK GROVE, MN 55011	41-1230136	501(C)(3)	111,400.	0.			GENERAL OPER, PROGRAM SUPP
ST. JOSEPH OF THE LAKES 171 ELM STREET LINO LAKES, MN 55014	41-0875376	501(C)(3)	7,575.	0.			GENERAL OPER

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BETHLEHEM ACADEMY 105 - 3RD AVENUE SW FARIBAULT, MN 55021	41-1794765	501(C)(3)	8,600.	0.			GENERAL OPER, TUITION ASSIST
DIVINE MERCY CATHOLIC SCHOOL OF FARIBAULT - 15 SW 3RD AVENUE - FARIBAULT, MN 55021	41-0954118	501(C)(3)	61,000.	0.			CAMPAIGN GIFT, GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
PREGNANCY OPTIONS LIFECARE CENTER 18 2ND STREET NW FARIBAULT, MN 55021	36-3502556	501(C)(3)	10,250.	0.			CAPITAL IMPROV, GENERAL OPER
SOCIETY OF ST. VINCENT DE PAUL/DIVINE MERCY CONFERENCE - 617 3RD AVE NW - FARIBAULT, MN 55021	32-0310950	501(C)(3)	6,000.	0.			FOOD/CLOTHING, GENERAL OPER
CHURCH OF ST. MICHAEL 22120 DENMARK AVENUE FARMINGTON, MN 55024	41-0777907	501(C)(3)	14,900.	0.			CEMETERY SUPP, GENERAL OPER
ST. PETER SCHOOL 1250 SOUTH SHORE DRIVE FOREST LAKE, MN 55025	41-0799304	501(C)(3)	7,500.	0.			TUITION ASSIST
CHURCH OF ST. PETER 1250 SOUTH SHORE DRIVE FOREST LAKE, MN 55025	41-0799304	501(C)(3)	31,100.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS, MN 55033	23-7083534	501(C)(3)	10,300.	0.			GENERAL OPER, PROGRAM SUPP
UNITED WAY OF HASTINGS PO BOX 353 HASTINGS, MN 55033	41-1486488	501(C)(3)	5,400.	0.			GENERAL OPER, PROGRAM SUPP

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JESUIT RETREAT HOUSE - DEMONTPREVILLE - 8243 N. DEMONTPREVILLE TRAIL - LAKE ELMO, MN 55042	41-0705789	501(C)(3)	23,250.	0.			CAMPAIGN GIFT, GENERAL OPER
ALL SAINTS CATHOLIC CHURCH 19795 HOLYOKE AVE LAKEVILLE, MN 55044	41-0705872	501(C)(3)	32,845.	0.			CATECHESIS OF THE GOOD SHEPHERD PROGRAM, GENERAL OPER, PROFESS DEVELOP
CHURCH OF ST. BRIDGET OF SWEDEN PO BOX 754 LINDSTROM, MN 55045	41-0773801	501(C)(3)	16,360.	0.			DISASTER RELIEF, GENERAL OPER, PROGRAM SUPP
CHURCH OF THE IMMACULATE CONCEPTION - 202 ALABAMA STREET SE - LONSDALE, MN 55046	41-0718325	501(C)(3)	7,000.	0.			GENERAL OPER
ST. DOMINIC SCHOOL 216 NORTH SPRING STREET NORTHFIELD, MN 55057	41-0711501	501(C)(3)	24,400.	0.			FINE ARTS SMARTBOARD/GYM PROJECTOR & SCREEN, GENERAL OPER, TUITION ASSIST
CHURCH OF ST. THOMAS AQUINAS 920 HOLLEY AVENUE ST. PAUL PARK, MN 55071	41-0747178	501(C)(3)	16,200.	0.			SADLIER CHRIST IN US SITE LICENSE AND VIDEO LESSON, TUITION ASSIST
CHURCH OF THE HOLY TRINITY 749 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	23,650.	0.			GENERAL OPER
CHURCH OF ST. JOHN VIANNEY 789 N 17TH AVENUE SOUTH ST. PAUL, MN 55075	41-0706913	501(C)(3)	6,049.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. PATRICK 3535 - 72ND STREET EAST INVER GROVE HEIGHTS, MN 55076	41-0837975	501(C)(3)	6,800.	0.			CAPITAL IMPROV, GENERAL OPER

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OPEN WINDOW THEATRE 5300 S ROBERT TRAIL #400 INVER GROVE HEIGHTS, MN 55077	20-0170554	501(C)(3)	6,130.	0.			GENERAL OPER, MATCHING GIFT
PARTNERS 4 HOPE TANZANIA 1004 5TH STREET NORTH STILLWATER, MN 55082	47-3058560	501(C)(3)	5,200.	0.			CAPITAL IMPROV, GENERAL OPER
VALLEY OUTREACH 1911 CURVE CREST BLVD W STILLWATER, MN 55082	41-1452973	501(C)(3)	10,200.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. MARY 423 SOUTH 5TH STREET STILLWATER, MN 55082	41-0782871	501(C)(3)	30,775.	0.			YOUTH COFFESHOP PROJECT, CAMPAIGN GIFT, CAPITAL IMPROV, PROGRAM SUPP
CHURCH OF ST. MICHAEL 611 3RD STREET SOUTH STILLWATER, MN 55082	41-0742511	501(C)(3)	78,792.	0.			CAPITAL IMPROV, EDUCATION PROGS, GENERAL OPER, PROFESS DEVELOP, PROGRAM SUPP
ST. CROIX CATHOLIC SCHOOL 621 THIRD STREET SOUTH STILLWATER, MN 55082	41-1731931	501(C)(3)	203,300.	0.			GENERAL OPER, TUITION ASSIST
OPTIONS FOR WOMEN ST. CROIX VALLEY P.O. BOX 158 STILLWATER, MN 55082	41-1593503	501(C)(3)	7,200.	0.			GENERAL OPER
ST. JOHN THE BAPTIST SCHOOL 111 MAIN STREET WEST VERMILLION, MN 55085	41-0826791	501(C)(3)	15,300.	0.			WINDOW SHADES, PROFESS DEVELOP, TUITION ASSIST
HOLY CROSS CATHOLIC SCHOOL 6100 37TH STREET W WEBSTER, MN 55088	41-0954737	501(C)(3)	8,900.	0.			PROFESS DEVELOP, TUITION ASSIST

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TPT TWIN CITIES PBS 172 EAST 4TH STREET ST. PAUL, MN 55101	41-0769851	501(C)(3)	8,750.	0.			GENERAL OPER
MINNESOTA PUBLIC RADIO KLING PUBLIC MEDIA CENTER 480 CEDAR ST. PAUL, MN 55101	41-0953924	501(C)(3)	13,300.	0.			GENERAL OPER
CATHEDRAL OF SAINT PAUL 239 SELBY AVENUE ST. PAUL, MN 55102	41-0696905	501(C)(3)	7,047.	0.			GENERAL OPER
LITTLE SISTERS OF THE POOR 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102	41-0764112	501(C)(3)	20,058.	0.			GENERAL OPER
CHURCH OF THE ASSUMPTION 51 WEST SEVENTH STREET ST. PAUL, MN 55102	41-0694736	501(C)(3)	56,420.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP, RETIRED PRIESTS
THE ARTS PARTNERSHIP ORDWAY CENTER 345 WASHINGTON STREET SAINT PAUL, MN 55102	26-2507419	501(C)(3)	8,600.	0.			GENERAL OPER
SAINT PAUL CHAMBER ORCHESTRA SOCIETY - THIRD FLOOR, THE HISTORIC HAMM BUILDING 408 SAINT PETER STREET - SAINT PAUL, MN	41-0829498	501(C)(3)	26,000.	0.			GENERAL OPER
UNION GOSPEL MISSION 376 WESTERN AVE N SAINT PAUL, MN 55103	41-0705847	501(C)(3)	12,915.	0.			FOOD/CLOTHING, GENERAL OPER, PROGRAM SUPP
MINNESOTA CONFERENCE OF CATHOLIC BISHOPS - 525 PARK ST STE 450 - SAINT PAUL, MN 55103	41-0945144	501(C)(3)	5,750.	0.			EDUCATION AND OUTREACH PURPOSES RELATED TO END-OF-LIFE ISSUES AND THE DANGERS OF

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ST. AGNES SCHOOL 530 LAFOND AVENUE ST. PAUL, MN 55103	41-0694737	501(C)(3)	82,190.	0.			GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CHURCH OF ST. AGNES 535 THOMAS AVENUE ST. PAUL, MN 55103	41-0694737	501(C)(3)	9,300.	0.			PROGRAM SUPP, TUITION ASSIST
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 1000 UNIVERSITY AVENUE WEST SUITE 10 - SAINT PAUL, MN 55104	41-1694717	501(C)(3)	5,200.	0.			GENERAL OPER
ST. PETER CLAVER SCHOOL 1060 WEST CENTRAL AVENUE ST. PAUL, MN 55104	41-0824943	501(C)(3)	77,900.	0.			TUITION ASSIST
AIN DAH YUNG CENTER 1089 PORTLAND AVENUE ST. PAUL, MN 55104	41-1697692	501(C)(3)	38,900.	0.			EXCLUSIVELY FOR THE EMERGENCY SHELTER PROGRAM
HABITAT FOR HUMANITY TWIN CITIES 1954 UNIVERSITY AVE W SAINT PAUL, MN 55104	36-3363171	501(C)(3)	13,052.	0.			GENERAL OPER, PROGRAM SUPP
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-0693924	501(C)(3)	15,540.	0.			CAMPAIGN GIFT, FOOD/CLOTHING, GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. MARK 2001 DAYTON AVENUE ST. PAUL, MN 55104	41-0694739	501(C)(3)	34,400.	0.			CAMPAIGN GIFT, GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
OUR LADY OF PEACE HOME 2076 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-1306947	501(C)(3)	32,615.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP

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BIRTHRIGHT OF SAINT PAUL 299 NORTH SNELLING AVE ST. PAUL, MN 55104	41-1560288	501(C)(3)	5,976.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. PETER CLAVER 375 OXFORD STREET N ST. PAUL, MN 55104	41-0824943	501(C)(3)	82,250.	0.			MARY SPEAKS, OFFSET COST OF 6 PARISHIONERS ATTENDING NATIONAL BLACK CATHOLIC CONGRESS,
JEREMIAH PROGRAM 729 N. WASHINGTON AVENUE SUITE 60 MINNEAPOLIS, MN 55104	41-1801834	501(C)(3)	61,150.	0.			GENERAL OPER, TUITION ASSIST
PRO ECCLESIA SANCTA C/O CHURCH OF ST. MARK 2001 DAYTON SAINT PAUL, MN 55104	61-1880672	501(C)(3)	31,000.	0.			GENERAL OPER
ESTHER HOMES PO BOX 40296 SAINT PAUL, MN 55104	47-2969434	501(C)(3)	5,700.	0.			PROGRAM SUPP
HOLY TRINITY HERMITAGE PO BOX 4282 ST. PAUL, MN 55104	86-3467308	501(C)(3)	5,500.	0.			GENERAL OPER
BETHANY CENTER FOR PRAYER AND RENEWAL, INC. - PO BOX 4456 - SAINT PAUL, MN 55104	87-2122707	501(C)(3)	211,000.	0.			GENERAL OPER
FRANCISCAN BROTHERS OF PEACE QUEEN OF PEACE FRIARY 1289 LAFOND A ST. PAUL, MN 55104	41-1577838	501(C)(3)	21,325.	0.			GENERAL OPER, PROGRAM SUPP
ST. THOMAS MORE CATHOLIC SCHOOL 1065 SUMMIT AVENUE SAINT PAUL, MN 55105	41-1691889	501(C)(3)	15,600.	0.			GENERAL OPER, TUITION ASSIST

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CHURCH OF ST. THOMAS MORE 1079 SUMMIT AVENUE SAINT PAUL, MN 55105	41-0694738	501(C)(3)	1,703,650.	0.			CAMPAIGN GIFT, CAPITAL IMPROV, GENERAL OPER, PROGRAM SUPP
COMMON HOPE 1410 ENERGY PARK DRIVE SUITE 4 SAINT PAUL, MN 55105	41-1560297	501(C)(3)	36,385.	0.			GENERAL OPER
SISTERS OF ST. JOSEPH OF CARONDELET MINISTRIES FOUNDATION - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-1765361	501(C)(3)	11,730.	0.			GENERAL OPER, PROGRAM SUPP
ST. MARY'S HEALTH CLINICS/CARONDELET LIFECARE MINISTRIES - 1884 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-1760632	501(C)(3)	5,200.	0.			GENERAL OPER, PROGRAM SUPP
NATIVITY OF OUR LORD CATHOLIC CHURCH - 1900 WELLESLEY AVENUE - ST. PAUL, MN 55105	41-0693956	501(C)(3)	100,550.	0.			FAITH FAMILY NIGHTS, CAMPAIGN GIFT, GENERAL OPER, TUITION ASSIST
SAINT JOHN VIANNEY SEMINARY 2115 SUMMIT AVENUE, MAIL #5024 ST. PAUL, MN 55105	41-0943747	501(C)(3)	837,448.	0.			CAMPAIGN GIFT, CAPITAL IMPROV, GENERAL OPER, SEMINARY TUITION, TUITION ASSIST
FRIENDS OF EAST AFRICA FOUNDATION 2130 SUMMIT AVENUE SAINT PAUL, MN 55105	46-1673385	501(C)(3)	277,000.	0.			GENERAL OPER, PROGRAM SUPP
THE SAINT PAUL SEMINARY 2260 SUMMIT AVENUE ST. PAUL, MN 55105	41-0693969	501(C)(3)	365,859.	0.			HOMILETICS, CAMPAIGN GIFT, ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP, SEMINARY TUITION,
ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12 2004 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-0695509	501(C)(3)	220,325.	0.			TUITION FOR NURSING OR PRE-MED STUDENTS, GENERAL OPER, PROGRAM SUPP, SCHOLARSHIP FUND

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MURRAY INSTITUTE UNIVERSITY OF ST. THOMAS, JRC 109 2115 SUMMIT AVENUE - SAINT PAUL, MN 55105	41-0693970	501(C)(3)	135,080.	0.			CATHOLIC SCHOOL TEACHERS PURSUING ADVANCED DEGREES, GENERAL OPER, PROGRAM SUPP, TUITION
CATHOLIC RURAL LIFE UNIVERSITY OF ST. THOMAS, MAIL # 4080 2115 SUMMIT AVENUE - ST. PAUL, MN 5510	42-0752630	501(C)(3)	341,400.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. PASCAL BAYLON 1757 CONWAY STREET ST. PAUL, MN 55106	41-0704479	501(C)(3)	16,300.	0.			GENERAL OPER
ST. PASCAL REGIONAL CATHOLIC SCHOOL - 1757 CONWAY STREET - ST. PAUL, MN 55106	41-0704479	501(C)(3)	89,250.	0.			GYM RENOVATION, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
ARCHDIOCESAN LIFE FUND 777 FOREST STREET SAINT PAUL, MN 55106	41-0693908	501(C)(3)	9,797.	0.			DIRECT SUPPORT OF MOTHER/BABY NEEDS, GENERAL OPER
ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS - 777 FOREST STREET - SAINT PAUL, MN 55106	41-0693908	501(C)(3)	470,861.	0.			MEDICAL EXPENSES OF RETIRED PRIESTS FROM AFRICA, RESPECT LIFE OFFICE, LEO BYRNE
CENTER FOR MISSION 777 FOREST STREET SAINT PAUL, MN 55106	41-0705806	501(C)(3)	52,750.	0.			GENERAL OPER, MISSIONARY SUPP, PROGRAM SUPP
CATHOLIC SERVICES APPEAL FOUNDATION - PO BOX 6488 - SAINT PAUL, MN 55106	46-4321593	501(C)(3)	216,194.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. MATTHEW - EDUCATION 490 HALL AVENUE SAINT PAUL, MN 55107		501(C)(3)	95,800.	0.			EDUCATION PROGS, TUITION ASSIST

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CHURCH OF ST. MATTHEW 490 HALL AVENUE SAINT PAUL, MN 55107		501(C)(3)	20,200.	0.			EDUCATION PROGS, GENERAL OPER
CASA GUADALUPANA P.O. BOX 7244 ST. PAUL, MN 55107	45-0511644	501(C)(3)	8,200.	0.			GENERAL OPER
CHURCH OF THE PRESENTATION/BLESSED VIRGIN MARY - 1725 KENNARD STREET - MAPLEWOOD, MN 55109	41-0789390	501(C)(3)	22,000.	0.			GENERAL OPER
ST. PETER SCHOOL 2620 MARGARET ST N NORTH ST. PAUL, MN 55109	41-0830644	501(C)(3)	14,400.	0.			TUITION ASSIST
HILL-MURRAY SCHOOL 2625 LARPEUTEUR AVENUE EAST MAPLEWOOD, MN 55109	41-0829754	501(C)(3)	79,010.	0.			GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
WHITE BEAR LAKE EMERGENCY FOOD SHELF - 1884 WHITAKER AVENUE - WHITE BEAR LAKE, MN 55110	41-1459604	501(C)(3)	5,100.	0.			FOOD/CLOTHING
CHURCH OF ST. PIUS X 3878 HIGHLAND AVENUE WHITE BEAR LAKE, MN 55110	41-0777935	501(C)(3)	15,350.	0.			CATECHESIS OF THE GOOD SHEPHERD PROGRAM, CAPITAL IMPROV, GENERAL OPER, PROFESS DEVELOP, PROGRAM
CHURCH OF ST. MARY OF THE LAKE 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	31,000.	0.			PARISH/SCHOOL HISTORY PROJECT + RESEARCH TO DEVELOP NEW REFLECTIONS FOR STATIONS OF THE
NORTHERN STAR SCOUTING 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111	20-3000282	501(C)(3)	15,000.	0.			GENERAL OPER, PROGRAM SUPP

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. JOHN THE BAPTIST 835 2ND AVENUE NW NEW BRIGHTON, MN 55112	41-07322798	501(C)(3)	90,040.	0.			CATECHESIS OF THE GOOD SHEPHERD TRAINING, CAPITAL IMPROV, CEMETERY SUPP, GENERAL OPER,
ST. JOHN THE BAPTIST SCHOOL 845 - 2ND AVENUE NW NEW BRIGHTON, MN 55112	41-07322798	501(C)(3)	6,000.	0.			TUITION ASSIST
CRADLE OF HOPE 1970 OAKCREST AVE. SUITE #104 ROSEVILLE, MN 55113	23-7349015	501(C)(3)	7,752.	0.			GENERAL OPER
CHURCH OF ST. ROSE OF LIMA 2048 HAMLIN AVENUE N ROSEVILLE, MN 55113	41-0790158	501(C)(3)	55,250.	0.			CATECHESIS OF THE GOOD SHEPHERD PROGRAM, EDUCATION PROGS, GENERAL OPER, TUITION ASSIST
ST. ROSE OF LIMA SCHOOL 2072 N. HAMLIN AVE. ROSEVILLE, MN 55113	41-0790158	501(C)(3)	25,000.	0.			DEVELOPMENT CONTRACTOR AND SUPPORT, CAPITAL IMPROV, GENERAL OPER, MATCHING GIFT, TUITION
CHURCH OF CORPUS CHRISTI 2131 FAIRVIEW AVENUE NORTH ROSEVILLE, MN 55113	41-0705812	501(C)(3)	9,975.	0.			GENERAL OPER
CATHOLIC YOUTH CAMP 2233 HAMLIN AVE. SUITE B1 ROSEVILLE, MN 55113	41-6006820	501(C)(3)	16,300.	0.			CITY CONNECTS WEEK, GENERAL OPER
SALVATION ARMY NORTHERN DIVISION 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 55113	36-3805307	501(C)(3)	12,650.	0.			GENERAL OPER
THE PHILOMENA HOUSE P.O. BOX 130141 ROSEVILLE, MN 55113	27-4642602	501(C)(3)	6,200.	0.			GENERAL OPER

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PLANTING PEOPLE GROWING JUSTICE LEADERSHIP INSTITUTE - P.O. BOX 131894 - SAINT PAUL, MN 55113	82-1476509	501(C)(3)	5,700.	0.			PROGRAM SUPP
ABRIA PREGNANCY RESOURCES 2200 UNIVERSITY AVE. W. SUITE 160 ST. PAUL, MN 55114	41-1278207	501(C)(3)	21,983.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. CECILIA 2357 BAYLESS PLACE ST. PAUL, MN 55114	41-0829141	501(C)(3)	13,700.	0.			RED LAKE MISSION TRIP, GENERAL OPER, PROGRAM SUPP
BEACON INTERFAITH HOUSING 2610 UNIVERSITY AVE WEST #100 SAINT PAUL, MN 55114	41-1953599	501(C)(3)	15,500.	0.			GENERAL OPER, PROGRAM SUPP
AIM HIGHER FOUNDATION 2610 UNIVERSITY AVENUE WEST SUITE ST. PAUL, MN 55114	46-3935682	501(C)(3)	1,053,850.	0.			GENERAL OPER, TUITION ASSIST
CHURCH OF ST. JUDE OF THE LAKE 700 MAHTOMEDI AVENUE MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	24,750.	0.			WORD OF LIFE CURRICULUM ENHANCEMENT, GENERAL OPER, PROGRAM SUPP
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	41-1260469	501(C)(3)	56,415.	0.			CAMPAIGN GIFT, GENERAL OPER
HIGHLAND CATHOLIC SCHOOL 2017 BOHLAND AVE. ST. PAUL, MN 55116	41-0972541	501(C)(3)	32,000.	0.			ENDOWMENT GIFT, GENERAL OPER, MATCHING GIFT
LUMEN CHRISTI CATHOLIC COMMUNITY 2055 BOHLAND AVENUE ST. PAUL, MN 55116	04-3802322	501(C)(3)	14,760.	0.			GENERAL OPER

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HOLY SPIRIT SCHOOL 515 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705768	501(C)(3)	6,500.	0.			TUITION ASSIST
CHURCH OF THE HOLY SPIRIT 515 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-0705768	501(C)(3)	53,943.	0.			CAPITAL IMPROV, GENERAL OPER, TUITION ASSIST
CRETIN-DERHAM HALL HIGH SCHOOL 550 ALBERT STREET SOUTH ST. PAUL, MN 55116	41-1570394	501(C)(3)	187,210.	0.			CAMPAIGN GIFT, GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
CHURCH OF ST. BERNARD 1160 WOODBRIDGE STREET ST. PAUL, MN 55117	41-0757844	501(C)(3)	11,045.	0.			OUTREACH FOR KARENNI REFUGEES AND IMMIGRANTS, PROGRAM SUPP, SCHOLARSHIP FUND
SAINT JOHN SCHOOL OF LITTLE CANADA 2621 MCMENEMY ROAD LITTLE CANADA, MN 55117	41-0781158	501(C)(3)	36,400.	0.			CHROMEBOOKS FOR 24 K-3 STUDENTS, TUITION ASSIST
CHURCH OF ST. JEROME 380 ROSELAWN AVE. E. MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	19,360.	0.			GENERAL OPER, PROGRAM SUPP
ST. JEROME SCHOOL 384 ROSELAWN AVENUE EAST MAPLEWOOD, MN 55117	41-0773779	501(C)(3)	179,556.	0.			CLOUD OF WITNESSES, CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
MATERNITY OF MARY/ST. ANDREW SCHOOL - 592 ARLINGTON AVENUE WEST - ST. PAUL, MN 55117	41-1654467	501(C)(3)	17,000.	0.			TUITION ASSIST
THE CATHOLIC ATHLETIC ASSOCIATION C/O MATERNITY OF MARY/ST. ANDREW SCHOOL 592 ARLINGTON AVENUE WEST - SAINT PA	41-0671718	501(C)(3)	6,500.	0.			GENERAL OPER

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COMMUNITY OF CHRIST THE REDEEMER 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1511840	501(C)(3)	63,500.	0.			B.L.A.S.T. SUMMER CAMP, GENERAL OPER
NET MINISTRIES, INC. 110 CRUSADER AVENUE WEST WEST ST. PAUL, MN 55118	41-1637054	501(C)(3)	112,614.	0.			LIFELINE LATINAMENTE, GENERAL OPER, MISSIONARY SUPP, PROGRAM SUPP
ST. JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	8,500.	0.			TUITION ASSIST
GUIDING STAR WAKOTA 1140 SOUTH ROBERT WEST ST. PAUL, MN 55118	41-1279340	501(C)(3)	37,590.	0.			GENERAL OPER
CHURCH OF ST. JOSEPH 1154 SEMINOLE AVENUE WEST ST. PAUL, MN 55118	41-0705875	501(C)(3)	101,588.	0.			GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
COMMUNITY OF SAINTS REGIONAL CATHOLIC SCHOOL - 335 HURLEY AVENUE EAST - WEST ST. PAUL, MN 55118	45-4804818	501(C)(3)	266,389.	0.			HEAT REGULATION, GENERAL OPER, MATCHING GIFT, PROGRAM SUPP, TUITION ASSIST, CAMPAIGN GIFT
LIVING WELL DISABILITY SERVICES 1168 NORTHLAND DRIVE MENDOTA HEIGHTS, MN 55120	23-7181360	501(C)(3)	12,500.	0.			GENERAL OPER
CATHOLIC CEMETERIES 2101 LEXINGTON AVENUE S MENDOTA HEIGHTS, MN 55120	41-0964894	501(C)(3)	7,400.	0.			FOR THE COMPASSIONATE CARE FUND, GENERAL OPER
VISITATION SCHOOL 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	60,755.	0.			CAPITAL IMPROV, GENERAL OPER, TUITION ASSIST

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ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	41-6045110	501(C)(3)	46,507.	0.			GENERAL OPER, TUITION ASSIST
THE LABOURE SOCIETY 1365 CORPORATE CENTER CURVE SUITE EAGAN, MN 55121	41-2001751	501(C)(3)	13,700.	0.			GENERAL OPER, MISSIONARY SUPP
FAITHFUL SHEPHERD CATHOLIC SCHOOL 3355 COLUMBIA DRIVE EAGAN, MN 55121	41-1880757	501(C)(3)	8,700.	0.			GENERAL OPER, TUITION ASSIST
FRIENDS OF SAN LUCAS 3459 WASHINGTON DRIVE, SUITE 207 EAGAN, MN 55122	53-0196617	501(C)(3)	9,100.	0.			GENERAL OPER, MISSIONARY SUPP
CHURCH OF ST. JOHN NEUMANN 4030 PILOT KNOB ROAD EAGAN, MN 55122	41-1311105	501(C)(3)	8,000.	0.			GENERAL OPER
DAKOTA WOODLANDS 3430 WESCOTT WOODLANDS EAGAN, MN 55123	41-1424653	501(C)(3)	5,397.	0.			GENERAL OPER
BUNDLES OF LOVE P.O. BOX 240301 APPLE VALLEY, MN 55124	41-1992691	501(C)(3)	8,000.	0.			GENERAL OPER EDUCATION PROGS, ENDOWMENT GIFT, GENERAL OPER, MATCHING GIFT, PROGRAM SUPP
CHURCH OF ST. ODILIA 3495 VICTORIA STREET NORTH SHOREVIEW, MN 55126	41-0837655	501(C)(3)	135,900.	0.			GENERAL OPER, TUITION ASSIST
CHURCH OF THE TRANSFIGURATION 6133 15TH STREET NORTH OAKDALE, MN 55128	41-0797343	501(C)(3)	20,850.	0.			GENERAL OPER, TUITION ASSIST

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MARY'S HANDS 7745 7TH STREET OAKDALE, MN 55128	85-1118381	501(C)(3)	80,000.	0.			FOOD/CLOTHING, PROGRAM SUPP
CHURCH OF THE GUARDIAN ANGELS 8260 4TH STREET NORTH OAKDALE, MN 55128	41-0807574	501(C)(3)	16,200.	0.			CEMETERY SUPP, GENERAL OPER
SAINT AMBROSE CATHOLIC COMMUNITY 4125 WOODBURY DRIVE WOODBURY, MN 55129	41-1905541	501(C)(3)	62,600.	0.			CAPITAL IMPROV, GENERAL OPER, PROFESS DEVELOP, PROGRAM SUPP, TUITION ASSIST
CHURCH OF ST. PATRICK 1095 DESOTO STREET ST. PAUL, MN 55130	41-0693967	501(C)(3)	50,566.	0.			EDUCATION PROGS, GENERAL OPER
PRO-LIFE ACTION MINISTRIES 1163 PAYNE AVENUE SAINT PAUL, MN 55130	41-1517055	501(C)(3)	48,625.	0.			GENERAL OPER, PROGRAM SUPP
ELEVATE HOPE HOUSE 2168 7TH AVENUE, SUITE #845 ANOKA, MN 55303	81-5282491	501(C)(3)	5,700.	0.			GENERAL OPER
CHURCH OF SAINT PAUL 1740 BUNKER LAKE BLVD. NE HAM LAKE, MN 55304	41-1402457	501(C)(3)	15,500.	0.			EDUCATION PROGS, GENERAL OPER
BIZAA INTERNATIONAL OUTREACH 13570 GROVE DRIVE SUITE 279 MAPLE GROVE, MN 55311	46-3937283	501(C)(3)	12,000.	0.			PROGRAM SUPP, SCHOLARSHIP FUND
ST. FRANCIS XAVIER SCHOOL 219 19TH STREET NW BUFFALO, MN 55313	41-0737223	501(C)(3)	23,000.	0.			MARKETING AND ENROLLMENT EFFORTS, TUITION ASSIST

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MINNESOTA LANDSCAPE ARBORETUM DEVELOPMENT OFFICE 3675 ARBORETUM D CHASKA, MN 55318	23-7081057	501(C)(3)	12,905.	0.			GENERAL OPER
CHURCH OF ST. MARY OF CZESTOCHOWA 1867 - 95TH ST. SE DELANO, MN 55328	41-1467499	501(C)(3)	6,083.	0.			CONNECTED: CATHOLIC SOCIAL TEACHING BOOKS AND CURRICULUM ENHANCEMENTS, GENERAL OPER
ST. MAXIMILIAN KOLBE CATHOLIC SCHOOL - 235 SOUTH 2ND STREET P.O. BOX 470 - DELANO, MN 55328		501(C)(3)	6,500.	0.			TUITION ASSIST
BELLIS P.O. BOX 75 ELK RIVER, MN 55330	41-1444119	501(C)(3)	9,450.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
ST. JOHN THE BAPTIST CATHOLIC MONTESSORI SCHOOL - 638 MILL STREET - EXCELSIOR, MN 55331	41-0721661	501(C)(3)	15,800.	0.			PROGRAM SUPP, TUITION ASSIST
CHURCH OF ST. JOHN THE BAPTIST 680 MILL STREET EXCELSIOR, MN 55331	41-0721661	501(C)(3)	11,000.	0.			GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
MARY, MOTHER OF THE CHURCH 3333 CLIFF ROAD BURNSVILLE, MN 55337	41-0900834	501(C)(3)	8,550.	0.			YOUTH MINISTERS' NETWORK, SUMMER STRETCH, GENERAL OPER
360 COMMUNITIES 501 EAST HIGHWAY 13, SUITE 112 BURNSVILLE, MN 55337	41-0987708	501(C)(3)	10,000.	0.			GENERAL OPER
CHURCH OF ST. ANNE 200 HAMEL ROAD P.O. BOX 256 HAMEL, MN 55340	41-0877635	501(C)(3)	12,500.	0.			CAMPAIGN GIFT, GENERAL OPER

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CHESTERTON ACADEMY 1320 MAIN STREET HOPKINS, MN 55343	38-3773629	501(C)(3)	1,070,150.	0.			GENERAL OPER, TUITION ASSIST
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6 INTERLACHEN ROAD - HOPKINS, MN 55343	41-0729969	501(C)(3)	57,200.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
TRACTORS FOR AFRICA PO BOX 44084 EDEN PRAIRIE, MN 55344	61-1804299	501(C)(3)	10,000.	0.			GENERAL OPER
ONWARD EDEN PRAIRIE PO BOX 44863 EDEN PRAIRIE, MN 55344	82-2978335	501(C)(3)	5,700.	0.			GENERAL OPER
NOTRE DAME ACADEMY 13505 EXCELSIOR BLVD MINNETONKA, MN 55345	46-1333219	501(C)(3)	56,300.	0.			PA SYSTEM AND PRINT MATERIALS, GENERAL OPER, MISSIONARY SUPP, TUITION ASSIST
CHURCH OF THE IMMACULATE HEART OF MARY - 13505 EXCELSIOR BOULEVARD - MINNETONKA, MN 55345	41-0718324	501(C)(3)	13,300.	0.			CAPITAL IMPROV, GENERAL OPER, PROGRAM SUPP, SCHOLARSHIP FUND, TUITION ASSIST
HOPE FOR UGANDA - SACRED HEART SEMINARY - PO BOX 1863 - MINNETONKA, MN 55345	41-1732849	501(C)(3)	40,227.	0.			GENERAL OPER, TUITION ASSIST
PAX CHRISTI CATHOLIC COMMUNITY 12100 PIONEER TRAIL EDEN PRAIRIE, MN 55347	41-1223312	501(C)(3)	21,100.	0.			GENERAL OPER
ST. JOHN THE BAPTIST SCHOOL 215 BROADWAY STREET NORTH JORDAN, MN 55352	41-0713019	501(C)(3)	13,500.	0.			PRINT COLLATERAL, SIGNAGE, WEBSITE ADDITIONS, TUITION ASSIST

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CHURCH OF ST. PHILIP 821 E 5TH STREET LITCHFIELD, MN 55355	41-0773769	501(C)(3)	6,300.	0.			GENERAL OPER
MN CATHOLIC YOUTH PARTNERSHIP 1500 TAMARACK DRIVE LONG LAKE, MN 55356	88-3577111	501(C)(3)	117,000.	0.			CAPITAL IMPROV, GENERAL OPER
CHURCH OF ST. TIMOTHY 8 OAK AVENUE NORTH MAPLE LAKE, MN 55358	41-0727399	501(C)(3)	6,000.	0.			GENERAL OPER
HOLY SPIRIT ACADEMY 1001 7TH STREET E SUITE 1 MONTICELLO, MN 55362	46-3049721	501(C)(3)	9,900.	0.			CAPITAL IMPROV, GENERAL OPER, TUITION ASSIST
OUR LADY OF THE LAKE SCHOOL 2411 COMMERCE BLVD. MOUND, MN 55364	41-0718339	501(C)(3)	16,500.	0.			FOUR INTERACTIVE PANELS, TUITION ASSIST
FRANCISCAN RETREATS 16385 ST. FRANCIS LANE PRIOR LAKE, MN 55372	41-0907232	501(C)(3)	15,100.	0.			CAMPAIGN GIFT, GENERAL OPER
MARY, QUEEN OF PEACE SCHOOL 21201 CHURCH AVENUE ROGERS, MN 55374	41-0764112	501(C)(3)	13,988.	0.			IPADS FOR 16 STUDENTS, TUITION ASSIST
CHURCH OF ST. BONIFACE 4025 MAIN STREET P.O. BOX 68 ST. BONIFACIUS, MN 55375	41-0737343	501(C)(3)	5,750.	0.			CATECHESIS OF THE GOOD SHEPHERD PROGRAM, CAMPAIGN GIFT
MINNESOTA PERINATAL ORGANIZATION 13865 QUENTIN AVENUE SOUTH SAVAGE, MN 55378	41-1377912	501(C)(3)	5,700.	0.			PROGRAM SUPP

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CHURCH OF ST. JOHN THE BAPTIST 4625 WEST 125TH STREET SAVAGE, MN 55378	41-0791350	501(C)(3)	32,800.	0.			CATECHESIS OF THE GOOD SHEPHERD PROGRAM, GENERAL OPER, PROFESS DEVELOP, TUITION ASSIST
SHAKOPEE AREA CATHOLIC SCHOOL 2700 - 17TH AVENUE EAST SHAKOPEE, MN 55379	41-0961357	501(C)(3)	8,500.	0.			TUITION ASSIST
PARISH OF SAINTS JOACHIM AND ANNE 2700 - 17TH AVENUE EAST SHAKOPEE, MN 55379	41-0747179	501(C)(3)	61,600.	0.			EDUCATION PROGS, TUITION ASSIST
ST. JOSEPH SCHOOL 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	24,640.	0.			GENERAL OPER, TUITION ASSIST
CHURCH OF ST. JOSEPH 41 EAST 1ST STREET WACONIA, MN 55387	41-0754588	501(C)(3)	55,050.	0.			GENERAL OPER, TUITION ASSIST
CHURCH OF THE HOLY NAME OF JESUS 155 COUNTY ROAD 24 WAYZATA, MN 55391	41-0845399	501(C)(3)	139,729.	0.			CEMETERY SUPP, GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. THERESE 18323 MINNETONKA BOULEVARD DEEPHAVEN, MN 55391	41-0790147	501(C)(3)	27,210.	0.			CAMPAIGN GIFT, EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
FOLDS OF HONOR FOUNDATION - MINNESOTA - 372 FERNDALE ROAD SOUTH - WAYZATA, MN 55391	46-5531485	501(C)(3)	36,000.	0.			GENERAL OPER
ST. BARTHOLOMEW CATHOLIC FAITH COMMUNITY - 630 WAYZATA BOULEVARD EAST - WAYZATA, MN 55391	41-0711478	501(C)(3)	72,200.	0.			FULLY ALIVE: TWO, 2-DAY RETREATS FOR HIGH SCHOOL YOUTH, GENERAL OPER

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DELASALLE HIGH SCHOOL 1 DELASALLE DRIVE MINNEAPOLIS, MN 55401	41-0705834	501(C)(3)	59,239.	0.			GENERAL OPER, TUITION ASSIST
MACPHAIL CENTER FOR MUSIC 501 SOUTH SECOND STREET MINNEAPOLIS, MN 55401	41-1729340	501(C)(3)	15,000.	0.			GENERAL OPER
THE MINNESOTA OPERA 620 NORTH FIRST STREET MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	12,500.	0.			CAMPAIGN GIFT, GENERAL OPER
PAGE EDUCATION FOUNDATION 901 N 3RD STREET, SUITE 355 MINNEAPOLIS, MN 55401	36-3605013	501(C)(3)	40,500.	0.			GENERAL OPER, SCHOLARSHIP FUND
UNIVERSITY OF ST. THOMAS MORRISON FAMILY COLLEGE OF HEALTH - 1000 LASALLE AVENUE; TMG 201 - MINNEAPOLIS, MN 55402	41-0693970	501(C)(3)	9,000.	0.			GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
ST. OLAF CATHOLIC CHURCH 215 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-0754589	501(C)(3)	52,300.	0.			GENERAL OPER, PROGRAM SUPP
MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	74,571.	0.			GENERAL OPER
MINNESOTA ORCHESTRAL ASSOCIATION 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	53,650.	0.			GENERAL OPER
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 55403	41-0693856	501(C)(3)	19,700.	0.			GENERAL OPER, PROGRAM SUPP

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THE BASILICA LANDMARK 88 N 17TH STREET MINNEAPOLIS, MN 55403	41-1754864	501(C)(3)	54,000.	0.			CAMPAIGN GIFT, GENERAL OPER
BASILICA OF SAINT MARY 88 NORTH 17TH STREET MINNEAPOLIS, MN 55403	41-0695501	501(C)(3)	69,747.	0.			DOWNTOWN COUNCIL OF CHURCHES CIVIL RIGHTS TOUR, CAMPAIGN GIFT, GENERAL OPER, MATCHING
UNIVERSITY OF ST. THOMAS SCHOOL OF LAW - MSL-411 1000 LASALLE AVENUE - MINNEAPOLIS, MN 55403	41-0693970	501(C)(3)	30,000.	0.			PROGRAM SUPP
CHURCH OF ST. STEPHEN - HOLY ROSARY - 2211 CLINTON AVENUE S - MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	34,560.	0.			PILLARS PROGRAM FOR YOUNG ADULTS, GENERAL OPER, PROGRAM SUPP
HOPE ACADEMY INC. 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	75,000.	0.			GENERAL OPER
AGATE HOUSING AND SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	6,700.	0.			GENERAL OPER
CHURCH OF ST. STEPHEN - HOLY ROSARY - 2424 18TH AVENUE S - MINNEAPOLIS, MN 55404	41-0705833	501(C)(3)	6,000.	0.			PROGRAM SUPP
HOPE COMMUNITY 611 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	6,012.	0.			GENERAL OPER
DOROTHY DAY CENTER A PROGRAM OF CATHOLIC CHARITIES 1007 EAST 14TH STREET - MINNEAPOLIS, MN 5540	41-1302487	501(C)(3)	7,000.	0.			GENERAL OPER

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MINNESOTA ADULT & TEEN CHALLENGE, INC. - DONOR ACCOUNTS COORDINATOR 740 EAST 24TH STREET - MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	20,000.	0.			GENERAL OPER
SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	56,764.	0.			GENERAL OPER, PROGRAM SUPP
ST. HELENA SCHOOL 3200 E. 44TH STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	63,836.	0.			GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CHURCH OF ST. HELENA 3204 EAST 43RD STREET MINNEAPOLIS, MN 55406	42-0718330	501(C)(3)	25,700.	0.			CAPITAL IMPROV, GENERAL OPER
RISEN CHRIST CATHOLIC SCHOOL 1120 EAST 37TH STREET MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	166,836.	0.			DUAL LANGUAGE WEBSITE REDESIGN, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CHURCH OF THE HOLY NAME 3637 11TH AVENUE S MINNEAPOLIS, MN 55407	41-0831056	501(C)(3)	12,800.	0.			WE SEEK TO SERVE ANNUAL YOUTH/YOUNG ADULT SERVICE, GENERAL OPER
MINNESOTA PRISON WRITING WORKSHOP PO BOX 7262 MINNEAPOLIS, MN 55407	47-1890824	501(C)(3)	5,700.	0.			PROGRAM SUPP
CRISTO REY JESUIT HIGH SCHOOL 2924 4TH AVENUE S MINNEAPOLIS, MN 55408	20-4548714	501(C)(3)	1,099,656.	0.			GENERAL OPER, TUITION ASSIST
URBAN VENTURES 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	15,860.	0.			GENERAL OPER

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MCCL - EDUCATION FUND MN CITIZENS CONCERNED FOR LIFE 4249 NICOLLET AVENUE - MINNEAPOLIS, MN 55409	51-0164086	501(C)(3)	9,978.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
ASCENSION CATHOLIC ACADEMY 1726 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	280,119.	0.			MARKETING AND ENROLLMENT, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES - 3110 WASHINGTON AVE NORTH - MINNEAPOLIS, MN 55411	32-0017737	501(C)(3)	10,000.	0.			GENERAL OPER
NPH USA UPPER MIDWEST REGION 1400 VAN BUREN STREET NE FUELED COLLECTIVE, SUITE 210 - MINNEAPOLIS, MN 5541	65-1229309	501(C)(3)	96,610.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF THE HOLY CROSS 1621 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55413	41-0695502	501(C)(3)	578,600.	0.			GENERAL OPER
ST. JOHN PAUL II CATHOLIC PREPARATORY SCHOOL - 1630 NE 4TH STREET - MINNEAPOLIS, MN 55413	41-0953697	501(C)(3)	35,300.	0.			GENERAL OPER, TUITION ASSIST
LOAVES & FISHES 721 KASOTA AVENUE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	7,350.	0.			GENERAL OPER
ST. LAWRENCE CATHOLIC CHURCH AND NEWMAN CENTER - C/O BUSINESS OFFICE 1203 - FIFTH STREET SE - MINNEAPOLIS, MN 55414	41-0702598	501(C)(3)	5,400.	0.			GENERAL OPER, PROGRAM SUPP
ST. THERESE FOUNDATION 1660 SOUTH HWY 100, SUITE #103 ST. LOUIS PARK, MN 55416	41-1704381	501(C)(3)	10,100.	0.			GENERAL OPER

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BENILDE ST. MARGARET'S SCHOOL 2501 HIGHWAY 100 SOUTH ST. LOUIS PARK, MN 55416	41-1240936	501(C)(3)	105,750.	0.			GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
CHURCH OF THE HOLY FAMILY 5900 W LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	26,555.	0.			CAMPAIGN GIFT, GENERAL OPER
HOLY FAMILY ACADEMY 5925 WEST LAKE STREET ST. LOUIS PARK, MN 55416	41-0804986	501(C)(3)	17,550.	0.			GENERAL OPER, PROFESS DEVELOP, TUITION ASSIST
CHURCH OF OUR LADY OF PEACE 5426 - 12TH AVENUE SOUTH MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	96,000.	0.			GENERAL OPER
CHURCH OF OUR LADY OF PEACE - EDUCATION - 5426 - 12TH AVENUE SOUTH - MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	50,300.	0.			GENERAL OPER
OUR LADY OF PEACE SCHOOL 5435 11TH AVENUE SOUTH MINNEAPOLIS, MN 55417	41-1697034	501(C)(3)	8,000.	0.			TUITION ASSIST
ST. CHARLES BORROMEO SCHOOL 2727 STINSON BLVD NE ST. ANTHONY, MN 55418	41-0724077	501(C)(3)	12,500.	0.			TUITION ASSIST
CHURCH OF ST. CHARLES BORROMEO 2739 STINSON BOULEVARD ST. ANTHONY, MN 55418	41-0706912	501(C)(3)	60,400.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP
PROLIFE ACROSS AMERICA P.O. BOX 18669 MINNEAPOLIS, MN 55418	41-1654040	501(C)(3)	24,230.	0.			GENERAL OPER

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NEW IMPACT FUND 4816 NICOLLET AVE MINNEAPOLIS, MN 55419	46-5187324	501(C)(3)	100,000.	0.			GENERAL OPER
ANNUNCIATION CATHOLIC SCHOOL 509 WEST 54TH STREET MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	36,140.	0.			AUCTION CONSULTANT/MARKETING CONSULTANT, GENERAL OPER, TUITION ASSIST, GENERAL
CHURCH OF THE ANNUNCIATION 509 WEST 54TH STREET MINNEAPOLIS, MN 55419	41-0721671	501(C)(3)	45,075.	0.			GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CORRIE'S HOUSE PO BOX 19472 MINNEAPOLIS, MN 55419	82-1188037	501(C)(3)	5,700.	0.			GENERAL OPER
FAMILY FEST MINISTRIES 140 WEST 98TH STREET SUITE 206 BLOOMINGTON, MN 55420	41-1985709	501(C)(3)	5,633.	0.			GENERAL OPER
CHURCH OF THE NATIVITY OF MARY 9900 LYNDALE AVENUE S BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	48,900.	0.			EDUCATION PROGS, GENERAL OPER
NATIVITY OF MARY SCHOOL 9901 E. BLOOMINGTON FRWY. BLOOMINGTON, MN 55420	41-0735359	501(C)(3)	8,000.	0.			TUITION ASSIST
IMMACULATE CONCEPTION SCHOOL 4030 JACKSON STREET NE COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	65,186.	0.			PAINTING AND WINDOW BLINDS, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CHURCH OF THE IMMACULATE CONCEPTION - 4030 JACKSON STREET NE - COLUMBIA HEIGHTS, MN 55421	41-0703859	501(C)(3)	111,980.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP

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CHURCH OF ST. MARGARET MARY 2323 ZENITH AVENUE N GOLDEN VALLEY, MN 55422	41-0711491	501(C)(3)	7,287.	0.			GENERAL OPER
ROBBINSDALE WOMEN'S CENTER 3826 WEST BROADWAY ROBBINSDALE, MN 55422	94-1762082	501(C)(3)	10,000.	0.			GENERAL OPER
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-1952989	501(C)(3)	5,237.	0.			GENERAL OPER
SACRED HEART SCHOOL 4050 HUBBARD AVE N ROBBINSDALE, MN 55422	41-0834785	501(C)(3)	11,730.	0.			PROFESS DEVELOP, TUITION ASSIST
ACADEMY OF HOLY ANGELS 6600 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-0696903	501(C)(3)	17,244.	0.			GENERAL OPER, SCHOLARSHIP FUND, TUITION ASSIST
BLESSSED TRINITY CATHOLIC SCHOOL 6720 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-1787370	501(C)(3)	94,071.	0.			SECURITY SYSTEM UPDATE, PROGRAM SUPP, TUITION ASSIST
ELEVATE LIFE 2626 EAST 82ND STREET SUITE 210 BLOOMINGTON, MN 55425	23-7401466	501(C)(3)	37,040.	0.			GENERAL OPER, PROGRAM SUPP
CHURCH OF ST. JOSEPH 8701 - 36TH AVENUE NORTH NEW HOPE, MN 55427	41-6058565	501(C)(3)	5,400.	0.			EFFECTIVE USE OF DIGITAL MEDIA IN MINISTRY CONFERENCE, GENERAL OPER
SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	41,833.	0.			GENERAL OPER, MATCHING GIFT, PROGRAM SUPP

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CANA FAMILY INSTITUTE 7301 BASS LAKE ROAD CRYSTAL, MN 55428	45-5000221	501(C)(3)	12,450.	0.			GENERAL OPER, PROGRAM SUPP
ST. RAPHAEL SCHOOL 7301 BASS LAKE ROAD CRYSTAL, MN 55428	41-0729961	501(C)(3)	37,000.	0.			ENROLLMENT AND MARKETING EFFORTS, GENERAL OPER, TUITION ASSIST
CHURCH OF ST. RAPHAEL 7301 BASS LAKE ROAD CRYSTAL, MN 55428	41-0729961	501(C)(3)	56,400.	0.			EDUCATION PROGS, GENERAL OPER
ST. ALPHONSUS SCHOOL 7031 HALIFAX AVENUE NORTH BROOKLYN CENTER, MN 55429	41-0846441	501(C)(3)	31,500.	0.			SECURITY CAMERA INSTALLATION, GENERAL OPER, TUITION ASSIST
PRO ECCLESIA SANCTA - SACRED HEART OF JESUS CONVENT - 8650 RUSSELL AVE SOUTH - BLOOMINGTON, MN 55431	61-1880672	501(C)(3)	64,500.	0.			CAPITAL IMPROV, GENERAL OPER
TOTINO-GRACE HIGH SCHOOL 1350 GARDENA AVENUE NE FRIDLEY, MN 55432	41-0649228	501(C)(3)	130,850.	0.			GENERAL OPER, TUITION ASSIST
WISHES & MORE 961 HILLWIND ROAD NE MINNEAPOLIS, MN 55432	20-1766318	501(C)(3)	10,000.	0.			GENERAL OPER
EPIPHANY SCHOOL 11001 HANSON BLVD. COON RAPIDS, MN 55433	41-0880245	501(C)(3)	8,000.	0.			TUITION ASSIST
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	37,240.	0.			DISASTER RELIEF, GENERAL OPER

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THE WAY OF THE SHEPHERD CATHOLIC MONTESSORI - 13200 CENTRAL AVE NORTHEAST - BLAINE, MN 55434	41-1916137	501(C)(3)	20,000.	0.			GENERAL OPER, TUITION ASSIST
CATHOLIC SCHOOLS CENTER OF EXCELLENCE - CSCOE - 6600 FRANCE AVENUE S SUITE 520 - EDINA, MN 55435	47-3560859	501(C)(3)	61,100.	0.			CAMPAIGN GIFT, GENERAL OPER
NATIONAL CHRISTIAN FOUNDATION 7701 FRANCE AVE SOUTH SUITE 360 EDINA, MN 55435	58-1493949	501(C)(3)	55,000.	0.			GENERAL OPER, PROGRAM SUPP
OUR LADY OF GRACE SCHOOL 5051 EDEN AVENUE EDINA, MN 55436	41-0705765	501(C)(3)	8,260.	0.			ENDOWMENT GIFT
CHURCH OF OUR LADY OF GRACE 5071 EDEN AVENUE EDINA, MN 55436	41-0705765	501(C)(3)	297,856.	0.			EDUCATION PROGS, ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
CHILDREN'S MINNESOTA FOUNDATION MAIL STOP CBC-3-FOUN 5901 LINCOLN D EDINA, MN 55436	41-1814223	501(C)(3)	50,000.	0.			GENERAL OPER
PACER CENTER 8161 NORMANDALE BLVD BLOOMINGTON, MN 55437	41-1306304	501(C)(3)	10,000.	0.			GENERAL OPER
WOMEN'S ALLIANCE OF MINNESOTA 9341 WYOMING AVE SOUTH BLOOMINGTON, MN 55438	81-1142191	501(C)(3)	5,700.	0.			GENERAL OPER
CHURCH OF ST. PATRICK 6820 ST. PATRICK'S LANE EDINA, MN 55439	41-0856353	501(C)(3)	11,238.	0.			GENERAL OPER

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GLENN CATHOLIC SENIOR COMMUNITIES, INC. - 12755 HIGHWAY 55, SUITE J-125 - PLYMOUTH, MN 55441	41-1533125	501(C)(3)	500,000.	0.			GENERAL OPER
CHURCH OF ST. VINCENT DE PAUL 9100 - 93RD AVENUE NORTH BROOKLYN PARK, MN 55445	41-0849303	501(C)(3)	6,000.	0.			GENERAL OPER, PROGRAM SUPP
PROVIDENCE ACADEMY 15100 SCHMIDT LAKE ROAD PLYMOUTH, MN 55446	41-1883866	501(C)(3)	20,600.	0.			CAPITAL IMPROV, GENERAL OPER, TUITION ASSIST
INTERFAITH OUTREACH 1605 COUNTY ROAD 101 N PLYMOUTH, MN 55447	36-3482724	501(C)(3)	7,130.	0.			GENERAL OPER, PROGRAM SUPP
REISER RELIEF INC. P.O. BOX 48096 COON RAPIDS, MN 55448	87-0778133	501(C)(3)	6,036.	0.			GENERAL OPER
JCS AFFECTIVE SOBER LIVING PO BOX 22056 ROBBINSDALE, MN 55448	86-2767456	501(C)(3)	5,700.	0.			GENERAL OPER
AUGSBURG UNIVERSITY CAMPUS BOX #142 2211 RIVERSIDE AVE. MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	5,250.	0.			GENERAL OPER
UNIVERSITY OF MINNESOTA FOUNDATION MCNAMARA ALUMNI CENTER 200 OAK STREET SE SUITE 500 - MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	17,700.	0.			CAMPAIGN GIFT, ENDOWMENT GIFT, PROGRAM SUPP, RESTRICTED RSRCH
HOLY SPIRIT CHURCH 306 SOUTH 2ND STREET VIRGINIA, MN 55792	41-0795274	501(C)(3)	5,400.	0.			GENERAL OPER

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ST. JOHN THE EVANGELIST CHURCH 4230 ST. JOHNS AVENUE DULUTH, MN 55803	41-0854765	501(C)(3)	62,600.	0.			TUITION ASSIST
ST. MICHAEL'S CATHOLIC CHURCH 4901 EAST SUPERIOR STREET DULUTH, MN 55804	41-0705755	501(C)(3)	51,200.	0.			GENERAL OPER, TUITION ASSIST
ST. LAWRENCE CATHOLIC CHURCH 2410 MORRIS THOMAS RD DULUTH, MN 55811	41-0871082	501(C)(3)	6,400.	0.			GENERAL OPER
DIOCESE OF DULUTH, MN 2830 EAST 4TH STREET DULUTH, MN 55812	41-1941181	501(C)(3)	33,310.	0.			PROGRAM SUPP, RETIRED PRIESTS, SEMINARY TUITION
NEWMAN CATHOLIC CAMPUS MINISTRY AT UMD - 2830 EAST FOURTH STREET - DULUTH, MN 55812	61-2107830	501(C)(3)	15,000.	0.			GENERAL OPER
MAYO CLINIC FOUNDATION DEPARTMENT OF DEVELOPMENT 200 FIRST STREET SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	12,000.	0.			GENERAL OPER, MATCHING GIFT
LOYOLA CATHOLIC SCHOOL 145 GOOD COUNSEL DRIVE MANKATO, MN 56001	41-0914356	501(C)(3)	11,200.	0.			GENERAL OPER
ST. THOMAS MORE NEWMAN CENTER 1502 WARREN STREET MANKATO, MN 56001	41-0855927	501(C)(3)	5,500.	0.			GENERAL OPER
SCHOOL SISTERS OF NOTRE DAME 170 GOOD COUNSEL DRIVE MANKATO, MN 56001	41-0693976	501(C)(3)	9,112.	0.			GENERAL OPER, RETIRED PRIESTS

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ST. JOSEPH THE WORKER CHURCH 423 WEST 7TH STREET MANKATO, MN 56001	41-0807577	501(C)(3)	11,800.	0.			CAPITAL IMPROV, GENERAL OPER
SCHOLA FOUNDATION LOYOLA CATHOLIC SCHOOLS 145 GOOD CO MANKATO, MN 56001	51-0144999	501(C)(3)	10,000.	0.			CAMPAIGN GIFT
CHURCH OF OUR LADY OF THE PRAIRIE 200 EAST CHURCH STREET BELLE PLAINE, MN 56011	41-6027712	501(C)(3)	8,050.	0.			CATECHESIS OF THE GOOD SHEPHERD TRAINING, GENERAL OPER
ST. ANNE'S SCHOOL 511 4TH STREET NO. LE SUEUR, MN 56058	41-0724077	501(C)(3)	17,850.	0.			PAINTING CLASSROOMS, CAPITAL IMPROV, GENERAL OPER, TUITION ASSIST
MOST HOLY REDEEMER SCHOOL 205 VINE AVENUE WEST MONTGOMERY, MN 56069	41-0747173	501(C)(3)	18,300.	0.			NEW, MORE VISIBLE SIGNAGE AND AWNING, TUITION ASSIST
CHURCH OF ST. WENCESLAUS 215 MAIN STREET EAST NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	45,600.	0.			GENERAL OPER
ST. WENCESLAUS SCHOOL 227 EAST MAIN STREET NEW PRAGUE, MN 56071	41-0695519	501(C)(3)	8,800.	0.			PROFESS DEVELOP, TUITION ASSIST
DIOCESE OF NEW ULM 1421 6TH STREET NORTH NEW ULM, MN 56073	41-0807570	501(C)(3)	13,860.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP, RETIRED PRIESTS, SCHOLARSHIP FUND,
CHURCH OF ST. MARY 636 FIRST AVENUE NORTH SLEEPY EYE, MN 56085	41-0723239	501(C)(3)	6,000.	0.			CAPITAL IMPROV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE PROVIDENCE COMMUNITY HOME 700 THIRD AVENUE NW SLEEPY EYE, MN 56085	41-0839343	501(C)(3)	8,400.	0.			CAPITAL IMPROV, GENERAL OPER
CHURCH OF ST. ALOYSIUS 302 SOUTH 10TH STREET OLIVIA, MN 56277	41-0828928	501(C)(3)	5,600.	0.			CEMETERY SUPP
CHURCH OF ST. MARY OF BIRD ISLAND 302 SOUTH 10TH STREET OLIVIA, MN 56277	41-0773789	501(C)(3)	48,300.	0.			CEMETERY SUPP, GENERAL OPER
CHURCH OF ST. MARY 420 IRVING STREET ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	5,250.	0.			GENERAL OPER
SAINTS PETER AND PAUL CATHOLIC CHURCH - CENTERED ON CHRIST CATHOLIC COMMUNITY 501 MAIN STREET - COLD SPRING, MN 56320	41-0713885	501(C)(3)	10,000.	0.			GENERAL OPER
HILL MUSEUM & MANUSCRIPT LIBRARY BUSH CENTER P.O. BOX 7300 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	10,500.	0.			GENERAL OPER
ST. JOHN'S SCHOOL OF THEOLOGY AND SEMINARY - OFFICE OF DEVELOPMENT PO BOX 5866 - COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	10,050.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
SAINT JOHN'S ABBEY PO BOX 2015 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	13,250.	0.			GENERAL OPER, RETIRED PRIESTS
ST. JOHN'S UNIVERSITY PO BOX 7222 2580 ABBEY ROAD COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	130,450.	0.			CAPITAL IMPROV, GENERAL OPER, PROGRAM SUPP, SCHOLARSHIP FUND

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

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FRANCISCAN SISTERS OF LITTLE FALLS ST. FRANCIS CONVENT 116 - 8TH AVENUE LITTLE FALLS, MN 56345	41-0695518	501(C)(3)	8,580.	0.			GENERAL OPER
MILLE LACS COUNTY AREA DAC 115 1ST STREET EAST MILACA, MN 56353	41-1225790	501(C)(3)	35,000.	0.			CAPITAL IMPROV
COLLEGE OF SAINT BENEDICT SCHOENECKER COMMONS 37 SOUTH COLLEGE AVENUE - ST. JOSEPH, MN 56374	41-0969244	501(C)(3)	58,800.	0.			ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP
ST. FRANCIS CATHOLIC CHURCH 411 NORTH 10TH STREET BRAINERD, MN 56401	41-0705849	501(C)(3)	5,332.	0.			GENERAL OPER, PROGRAM SUPP
IMMACULATE HEART CHURCH PO BOX 155 CROSSLAKE, MN 56442	41-0905312	501(C)(3)	21,100.	0.			PROGRAM SUPP
ST. THOMAS AQUINAS CATHOLIC SCHOOL 810 - 5TH STREET INTERNATIONAL FALLS, MN 56649	41-0799786	501(C)(3)	62,300.	0.			GENERAL OPER
LONGVILLE AREA FOOD SHELF 5070 STATE 84 NE LONGVILLE, MN 56655	46-3478081	501(C)(3)	10,000.	0.			GENERAL OPER
ST. EDWARD'S CATHOLIC CHURCH P.O. BOX 38 LONGVILLE, MN 56655	41-1314934	501(C)(3)	16,000.	0.			GENERAL OPER
AUGUSTANA UNIVERSITY OFFICE OF ADVANCEMENT 2001 SOUTH SUMMIT AVENUE - SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	20,000.	0.			GENERAL OPER, SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE PINE RIDGE, SD 57770	46-0275071	501(C)(3)	5,675.	0.			GENERAL OPER
DEVILS LAKE AREA FOUNDATION P.O. BOX 160 DEVILS LAKE, ND 58301	46-6040496	501(C)(3)	10,000.	0.			PROGRAM SUPP
TRINITY CATHOLIC SCHOOLS 810 EMPIRE ROAD DICKINSON, ND 58601	45-0538264	501(C)(3)	9,000.	0.			GENERAL OPER
ST. LABRE INDIAN SCHOOL 1000 TONGUE RIVER ROAD ASHLAND, MT 59004	81-0244542	501(C)(3)	6,571.	0.			GENERAL OPER
ST. ANTHONY MISSION CHURCH 413 3RD AVENUE WEST P.O. BOX 30 CULBERTSON, MT 59218	81-0393565	501(C)(3)	5,840.	0.			GENERAL OPER
RELEVANT RADIO 680 BARCLAY BLVD LINCOLNSHIRE, IL 60069	39-2003067	501(C)(3)	30,235.	0.			CAMPAIGN GIFT, GENERAL OPER, MATCHING GIFT
DIVINE WORD MISSIONARIES MISSION CENTER P.O. BOX 6099 TECHNY, IL 60082	36-2379644	501(C)(3)	180,200.	0.			CAMPAIGN GIFT, GENERAL OPER, PROGRAM SUPP
DIOCESE OF JOLIET 16555 WEBER RD CREST HILL, IL 60403	36-2167849	501(C)(3)	50,000.	0.			PROGRAM SUPP
CHRISTIAN BROTHERS OF THE MIDWEST DISTRICT - DEVELOPMENT OFFICE 7650 SOUTH COUNTY LINE ROAD - BURR RIDGE, IL 60521	41-0872557	501(C)(3)	7,292.	0.			GENERAL OPER, RETIRED PRIESTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NPH USA-FRIENDS OF THE ORPHANS 134 NORTH LA SALLE STREET SUITE 5 CHICAGO, IL 60602	65-1229309	501(C)(3)	71,896.	0.			GENERAL OPER, PROGRAM SUPP
FATHER WASSON LEGACY ENDOWMENT, INC. - 134 NORTH LA SALLE STREET SUITE 500 - CHICAGO, IL 60602	91-2005679	501(C)(3)	123,088.	0.			ENDOWMENT GIFT
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	19,513.	0.			GENERAL OPER, PROGRAM SUPP
JESUITS USA MIDWEST PROVINCE 1010 NORTH HOOKER STREET CHICAGO, IL 60642	36-2167013	501(C)(3)	26,186.	0.			GENERAL OPER
THE AIDAN PROJECT 500 WESTPORT ROAD KANSAS CITY, MO 64111	82-1247276	501(C)(3)	7,500.	0.			GENERAL OPER
ST. ELIZABETH'S SCHOOL ATTN: CPTA 14 WEST 75TH STREET KANSAS CITY, MO 64114	44-0546201	501(C)(3)	10,000.	0.			GENERAL OPER
BENEDICTINE COLLEGE OFFICE OF ADVANCEMENT 1020 NORTH SE ATCHISON, KS 66002	48-0777079	501(C)(3)	9,800.	0.			GENERAL OPER, PROGRAM SUPP
UNBOUND 1 ELMWOOD AVE. KANSAS CITY, KS 66103	43-1243999	501(C)(3)	5,414.	0.			GENERAL OPER, PROGRAM SUPP
WOUNDED WARRIOR PROJECT P.O. BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	6,190.	0.			GENERAL OPER, MATCHING GIFT, PROGRAM SUPP

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EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM NORTHERN LIEUTENANCY - P.O BOX 540004 - OMAHA, NE 68154	20-1666315	501(C)(3)	9,250.	0.			GENERAL OPER, PROGRAM SUPP
THE INSTITUTE FOR PRIESTLY FORMATION - CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA - OMAHA, NE 68178	52-1907182	501(C)(3)	50,000.	0.			GENERAL OPER
FAMILY MISSIONS COMPANY 12611 EVERGLADE ROAD ABBEVILLE, LA 70510	72-1366886	501(C)(3)	7,600.	0.			GENERAL OPER, MISSIONARY SUPP, PROGRAM SUPP
CROSSINGS COMMUNITY CHURCH 14600 NORTH PORTLAND AVENUE OKLAHOMA CITY, OK 73134	73-6082499	501(C)(3)	14,200.	0.			GENERAL OPER
CITY RESCUE MISSION P.O. BOX 960021 OKLAHOMA CITY, OK 73196	73-0713883	501(C)(3)	6,250.	0.			GENERAL OPER
CATHOLIC PRO-LIFE COMMUNITY 14675 MIDWAY ROAD, SUITE 121 DALLAS, TX 75001	75-2896391	501(C)(3)	10,000.	0.			GENERAL OPER
AUGUSTINE INSTITUTE 6160 S. SYRACUSE WAY #310 GREENWOOD VILLAGE, CO 80111	20-2349108	501(C)(3)	112,065.	0.			GENERAL OPER, PROGRAM SUPP
XAVIER MISSION FUND 6732 W COAL MINE AVE, STE. 733 LITTLETON, CO 80123	87-3431369	501(C)(3)	19,000.	0.			PROGRAM SUPP
FOCUS-FELLOWSHIP OF CATHOLIC UNIV. STUDENTS - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	36,880.	0.			GENERAL OPER, MISSIONARY SUPP, PROGRAM SUPP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF THE LORD COMMUNITY 711 WEST UNIVERSITY DRIVE TEMPE, AZ 85281	86-0351356	501(C)(3)	16,000.	0.			GENERAL OPER, PROGRAM SUPP
OUR LADY OF MOUNT CARMEL 2121 S. RURAL ROAD TEMPE, AZ 85282	36-4643600	501(C)(3)	25,000.	0.			GENERAL OPER
FRANCISCAN FRIARS OF THE HOLY SPIRIT - 5447 WEST PECOS ROAD - LEVEEN, AZ 85339	81-3710810	501(C)(3)	6,000.	0.			PROGRAM SUPP
YOUTH WITH A MISSION SAN DIEGO/BAJA - P.O. BOX 5417 - CHULA VISTA, CA 91912	33-0604992	501(C)(3)	20,000.	0.			GENERAL OPER, PROGRAM SUPP
CATHOLIC ANSWERS P.O. BOX 199000 SAN DIEGO, CA 92159	95-3754404	501(C)(3)	10,450.	0.			GENERAL OPER
MARY MOTHER OF GOD MISSION SOCIETY 1736 MILESTONE CIRCLE MODESTO, CA 95357	41-1882587	501(C)(3)	10,092.	0.			GENERAL OPER
PRO ECCLESIA SANCTA OF CALIFORNIA 3945 JOSLIN LANE VACAVILLE, CA 95688	30-0371107	501(C)(3)	20,000.	0.			GENERAL OPER
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND
CATHOLIC CHARITIES 1007 EAST 14TH STREET MINNEAPOLIS, MN 55404	41-1302487	501(C)(3)	569,078.	0.			HOPE STREET, PASTORAL MINISTRY, CHILDREN AND FAMILY SERVICES, GENERAL OPER, PROGRAM SUPP

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SAINT IGNATIUS COLLEGE PREP 1076 W ROOSEVELT RD CHICAGO, IL 60607	36-2167867	501(C)(3)	11,284.	0.			GENERAL OPER
ST. JOHN THE BAPTIST SCHOOL 12508 LYNN AVENUE SOUTH SAVAGE, MN 55378	41-0791350	501(C)(3)	27,000.	0.			ENDOWMENT GIFT, SCHOLARSHIP FUND, TUITION ASSIST
DIVINE MERCY CATHOLIC CHURCH 139 MERCY DRIVE FARIBAULT, MN 55021	81-0572840	501(C)(3)	51,550.	0.			CAMPAIGN GIFT, GENERAL OPER
ST. JOSEPH SCHOOL 13900 BISCAINE AVE W ROSEMOUNT, MN 55068	41-0727039	501(C)(3)	8,000.	0.			GENERAL OPER, TUITION ASSIST
CROHN'S & COLITIS FOUNDATION-MINNESOTA/DAKOTAS CHAPTER - 2277 HIGHWAY 36 W, SUITE 170 - ROSEVILLE, MN 55113	13-6193105	501(C)(3)	25,000.	0.			GENERAL OPER
ST. TIMOTHY GRADE SCHOOL 241 STAR STREET E BOX 281 MAPLE LAKE, MN 55358	41-0727399	501(C)(3)	10,500.	0.			TUITION ASSIST
SAINT PAUL'S OUTREACH 2520 LEXINGTON AVE S, SUITE 300 MENDOTA HEIGHTS, MN 55120	41-1621192	501(C)(3)	743,715.	0.			CAMPAIGN GIFT, GENERAL OPER, MISSIONARY SUPP, PROGRAM SUPP
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W SAINT PAUL, MN 55103	41-1690483	501(C)(3)	5,700.	0.			PROGRAM SUPP
MISSIONARY SISTERS OF ST. PETER CLAVER - 265 CENTURY AVENUE - WOODBURY, MN 55125	41-0718378	501(C)(3)	10,955.	0.			GENERAL OPER

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PACELLI CATHOLIC SCHOOL 311 - 4TH STREET NW AUSTIN, MN 55912	20-4023381	501(C)(3)	10,397.	0.			GENERAL OPER, TUITION ASSIST
WHITE ROSE WOMEN'S CENTER 4313 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75205	75-2145755	501(C)(3)	10,000.	0.			GENERAL OPER
CHURCH OF ST. ANASTASIA 460 LAKE STREET SW HUTCHINSON, MN 55350	41-0789375	501(C)(3)	29,900.	0.			CEMETERY SUPP, GENERAL OPER
FRASSATI CATHOLIC ACADEMY 4690 BALD EAGLE AVENUE WHITE BEAR LAKE, MN 55110	46-3494121	501(C)(3)	8,300.	0.			ENDOWMENT GIFT, GENERAL OPER, TUITION ASSIST
ST. JUDE OF THE LAKE SCHOOL 600 MAHTOMEDI AVE MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	7,075.	0.			GENERAL OPER, PROGRAM SUPP, TUITION ASSIST
TRANSFIGURATION SCHOOL 6135 15TH STREET NORTH OAKDALE, MN 55128	41-0797343	501(C)(3)	14,500.	0.			SCHOOL SIGNAGE ON CENTURY AVENUE, GENERAL OPER, TUITION ASSIST
CHURCH OF ST. TIMOTHY 707 89TH AVENUE NE BLAINE, MN 55434	41-0764081	501(C)(3)	25,170.	0.			GENERAL OPER, PROFESS DEVELOP, PROGRAM SUPP, RETIRED PRIESTS, SCHOLARSHIP FUND
HOLY TRINITY SCHOOL 745 - 6TH AVENUE SOUTH SOUTH ST. PAUL, MN 55075	41-0734737	501(C)(3)	15,500.	0.			SCHOOL LOCKS, CARPET, BLINDS, RELIGIOUS ART, ETC., TUITION ASSIST
DOMINICAN SISTERS OF ST. CECILIA CONGREGATION - 801 DOMINICAN DRIVE - NASHVILLE, TN 37228	62-0552181	501(C)(3)	5,200.	0.			EDUCATION PROGS, GENERAL OPER

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CHURCH OF ST. HUBERT 8201 MAIN STREET CHANHASSEN, MN 55317	41-0789368	501(C)(3)	114,900.	0.			EDUCATION PROGS, GENERAL OPER, PROGRAM SUPP
SAINT MARY'S UNIVERSITY OF MINNESOTA - DEVELOPMENT AND ALUMNI RELATIONS 700 TERRACE HEIGHTS #21 - WINONA, MN 55987	41-0695527	501(C)(3)	8,200.	0.			DELOITTE'S FUTURE OF WORK INITIATIVE, GENERAL OPER, PROGRAM SUPP
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE PO BOX 64947 SAINT PAUL, MN 55105	41-0693970	501(C)(3)	223,107.	0.			TUITION FOR NURSING OR PRE-MED STUDENTS, ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP,
CATHOLICVOTE EDUCATION FUND P.O. BOX 3310 CARMEL, IN 46082	20-2787890	501(C)(3)	13,900.	0.			GENERAL OPER, PROGRAM SUPP
CATHOLIC RELIEF SERVICES P.O. BOX 5200 HARLAN, IA 51593	13-5563422	501(C)(3)	531,612.	0.			CAMPAIGN GIFT, DISASTER RELIEF, GENERAL OPER, PROGRAM SUPP
CHARISCENTER USA P.O. BOX 628 LOCUST GROVE, VA 22508	35-1345952	501(C)(3)	11,284.	0.			GENERAL OPER
BETHLEHEM UNIVERSITY FOUNDATION P.O. BOX 355 BELTSVILLE, MD 20705	22-3600739	501(C)(3)	10,200.	0.			CAPITAL IMPROV, GENERAL OPER
CRU FOUNDATION PO BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	6,400.	0.			MISSIONARY SUPP, PROGRAM SUPP
HOLY FAMILY ADOPTION AGENCY ST. RAPHAELS PARISH 7301 BASS LAKE CRYSTAL, MN 55428	41-1968883	501(C)(3)	13,225.	0.			GENERAL OPER

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

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

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

PART I, LINE 2:

WHEN GRANTS ARE PROVIDED FOR A SPECIFIC PURPOSE, AN OUTCOME REPORT IS SENT TO EACH GRANTEE, REQUESTING THAT THE GRANTEE COMMUNICATE HOW THE GRANT WAS USED. HOWEVER, IF THE GRANT IS UNRESTRICTED OR FOR GENERAL USE, AN OUTCOME REPORT IS NOT REQUESTED FROM THE GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

PREGNANCY RESOURCE CENTER OF CAMBRIDGE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPER, PROGRAM SUPP, SIGNAGE,
MULTI-LANGUAGE COMMS, DB HELP, GENERAL OPER, TUITION ASSIST

NAME OF ORGANIZATION OR GOVERNMENT:

MINNESOTA CONFERENCE OF CATHOLIC BISHOPS

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION AND OUTREACH PURPOSES
RELATED TO END-OF-LIFE ISSUES AND THE DANGERS OF PHYSICIAN-ASSISTED
SUICIDE, PROGRAM SUPP

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF ST. PETER CLAVER

(H) PURPOSE OF GRANT OR ASSISTANCE: MARY SPEAKS, OFFSET COST OF 6
PARISHIONERS ATTENDING NATIONAL BLACK CATHOLIC CONGRESS, DIRECTOR OF
STEWARDSHIP AND COMMUNITY ENGAGEMENT (YEAR 1), STRUGGLING FAITH SERIES,
FULL TIME STEWARDSHIP AND COMMUNITY ENGAGEMENT DIRECTOR, CAPITAL IMPROV,
GENERAL OPER, PROGRAM SUPP

NAME OF ORGANIZATION OR GOVERNMENT: THE SAINT PAUL SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMILETICS, CAMPAIGN GIFT, ENDOWMENT
GIFT, GENERAL OPER, PROGRAM SUPP, SEMINARY TUITION, TUITION ASSIST

NAME OF ORGANIZATION OR GOVERNMENT: MURRAY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC SCHOOL TEACHERS PURSUING
ADVANCED DEGREES, GENERAL OPER, PROGRAM SUPP, TUITION ASSIST

NAME OF ORGANIZATION OR GOVERNMENT:

ARCHDIOCESE OF SAINT PAUL & MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL EXPENSES OF RETIRED PRIESTS
FROM AFRICA, RESPECT LIFE OFFICE, LEO BYRNE RESIDENCE, CAPITAL IMPROV,

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Part IV Supplemental Information

GENERAL OPER, PROGRAM SUPP, RETIRED PRIESTS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CATECHESIS OF THE GOOD SHEPHERD

PROGRAM, CAPITAL IMPROV, GENERAL OPER, PROFESS DEVELOP, PROGRAM SUPP

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PARISH/SCHOOL HISTORY PROJECT +

RESEARCH TO DEVELOP NEW REFLECTIONS FOR STATIONS OF THE CROSS, CAPITAL

IMPROV, GENERAL OPER

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CATECHESIS OF THE GOOD SHEPHERD

TRAINING, CAPITAL IMPROV, CEMETERY SUPP, GENERAL OPER, PROGRAM SUPP,

TUITION ASSIST

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT CONTRACTOR AND SUPPORT,

CAPITAL IMPROV, GENERAL OPER, MATCHING GIFT, TUITION ASSIST

NAME OF ORGANIZATION OR GOVERNMENT: BASILICA OF SAINT MARY

(H) PURPOSE OF GRANT OR ASSISTANCE: DOWNTOWN COUNCIL OF CHURCHES CIVIL

RIGHTS TOUR, CAMPAIGN GIFT, GENERAL OPER, MATCHING GIFT, PROGRAM SUPP

NAME OF ORGANIZATION OR GOVERNMENT: ANNUNCIATION CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: AUCTION CONSULTANT/MARKETING

CONSULTANT, GENERAL OPER, TUITION ASSIST, GENERAL OPER, PROGRAM SUPP,

TUITION ASSIST

232291
04-01-22

Schedule I (Form 990)

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DIOCESE OF NEW ULM

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION PROGS, GENERAL OPER,
PROGRAM SUPP, RETIRED PRIESTS, SCHOLARSHIP FUND, SEMINARY TUITION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ST. THOMAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION FOR NURSING OR PRE-MED
STUDENTS, ENDOWMENT GIFT, GENERAL OPER, PROGRAM SUPP, SCHOLARSHIP FUND,
SPONSORSHIP CONT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE CULLEN MILLER PRESIDENT	(i) 282,019.	(ii) 53,040.	(iii) 1,080.	15,250.	3,109.	354,498.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER NELSON VP OF DEVELOPMENT & DONOR	(i) 176,168.	(ii) 20,000.	(iii) 0.	10,300.	7,189.	213,657.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) CASEY J SCOTT VP OF FINANCE AND ADMIN	(i) 161,600.	(ii) 20,000.	(iii) 0.	5,858.	13,230.	200,688.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) MIKE RICCI DIRECTOR - OUTREACH & INVEST	(i) 149,130.	(ii) 4,000.	(iii) 0.	7,998.	22,597.	183,725.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) MEG PAYNE NELSON VP OF IMPACT	(i) 126,009.	(ii) 15,000.	(iii) 0.	7,594.	17,772.	166,375.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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.

PART I, LINE 3:

FOR THE PRESIDENT OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE DETERMINES
COMPENSATION UTILIZING COMPARABILITY DATA. THIS PROCESS IS UNDERTAKEN
ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2023 FOR THE
CURRENT PRESIDENT, ANNE CULLEN MILLER.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	610	13,281,853.	STOCK MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	2	255,476.	APPRAISAL
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	10,032.	DONOR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **2**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS LISTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number	41-1744184
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FORM 990, PART VI, SECTION A, LINE 1A:

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Employer identification number
41-1744184

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

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

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

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

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

FOR THE PRESIDENT OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE DETERMINES COMPENSATION UTILIZING COMPARABILITY DATA. THIS PROCESS IS UNDERTAKEN ANNUALLY. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2023 FOR THE

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA	Employer identification number 41-1744184
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CURRENT PRESIDENT, ANNE CULLEN MILLER.

FOR OTHER OFFICERS, THE PRESIDENT OF CATHOLIC COMMUNITY FOUNDATION REVIEWS COMPARABILITY DATA WHEN DETERMINING COMPENSATION LEVELS. ALL OF THE SALARY AND BENEFIT LEVELS ARE APPROVED WITHIN THE BUDGETARY PROCESS WITH THE BUDGET BEING APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2023 FOR STAFF AS A PART OF THE BUDGETARY PROCESS.

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

THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-92,957.
NET INVESTMENT INCOME FROM AGENCY AND BENEFICIAL ENDOWMENTS	-25,601,305.
EXCESS CONTRIBUTIONS OVER GRANTS, BENEFICIAL ENDOWMENTS HELD FOR OTHERS	-3,465,077.
TOTAL TO FORM 990, PART XI, LINE 9	-29,159,339.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

Employer identification number
41-1744184

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

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

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

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

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

CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA

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

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)
 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)
 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)
 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses
 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (11)

DIRECT CONTROLLING ENTITY: CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

ANNE CULLEN MILLER - 2610 UNIVERSITY AVENUE WEST, SUITE

- The books are in the care of ▶ **500 - SAINT PAUL, MN 55114**

Telephone No. ▶ **(651) 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 box . 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.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	230,960.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	5,960.
c 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.	3c	\$	225,000.

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 instructions.

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2610 UNIVERSITY AVENUE WEST, 500</p> <p>City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55114</p> <p>C Book value of all assets at end of year 595,109,092.</p>	<p>D Employer identification number 41-1744184</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

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

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

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

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

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	797,515.
2 Reserved	2	
3 Add lines 1 and 2	3	797,515.
4 Charitable contributions (see instructions for limitation rules) STMT 2 STMT 3	4	79,652.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	717,863.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	717,863.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	716,863.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	150,541.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	150,541.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		150,541.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		150,541.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	5,960.	
c	Tax deposited with Form 8868	6c	225,000.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		230,960.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		14.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		80,405.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 80,405. Refunded	11		0.

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

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	523000	\$ 1,000,011.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

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

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only

Print/Type preparer's name: **KIMBERLY ANDERSON, CPA** Preparer's signature: **KIMBERLY ANDERSON, CPA** Date: **12/12/23** Check if self-employed PTIN: **P00188889**

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

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

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS PAID	N/A	21,415,850.
K-1 PASS THROUGH CHARITABLE EXPENSE	N/A	432.
CHARITABLE CONTRIBUTIONS - ARCLIGHT ENERGY PARTNERS FUND VI, LP	N/A	430.
CHARITABLE CONTRIBUTIONS - H.I.G. MIDDLE MARKET III AIV IV, LP	N/A	2.
TOTAL TO FORM 990-T, PART I, LINE 4		21,416,714.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019 200,000
 FOR TAX YEAR 2020 199,993
 FOR TAX YEAR 2021 417,080

TOTAL CARRYOVER 817,073
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 21,416,714

TOTAL CONTRIBUTIONS AVAILABLE 22,233,787
 TAXABLE INCOME LIMITATION AS ADJUSTED 79,652

EXCESS CONTRIBUTIONS 22,154,135
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 22,154,135

ALLOWABLE CONTRIBUTIONS DEDUCTION 79,652

TOTAL CONTRIBUTION DEDUCTION 79,652

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T 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).

2022

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(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 9,859.		9,859.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4	5 542.		542.
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 10,401.		10,401.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 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	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		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 STATEMENT 5	14		1,450.
15 Total deductions. Add lines 1 through 14	15		1,450.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		8,951.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		8,951.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 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	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

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

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

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

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

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - NET RENTAL REAL ESTATE INC		385.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - DIVIDEND INCOME		157.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		542.

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

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2022

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 9,859.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 9,859.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	9,859.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	9,859.

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

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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **27**

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

Name(s) shown on return

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Identifying number

41-1744184

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	METROPOLITAN REAL ESTATE PARTNERS GLOBAL						9,859.

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

3
4
5
6
7 **9,859.**

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

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

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

8
9 **9,859.**

Part II Ordinary Gains and Losses (see instructions)

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

11	12	13	14	15	16	17

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

11 ()
12
13
14
15
16
17
18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

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

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain net income, etc.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 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	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

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

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

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

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

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

Part IX Advertising Income

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

- A B C D

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

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

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

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Table with 2 columns (Total, 0)

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 6

DESCRIPTION	NET INCOME OR (LOSS)
ARCLIGHT ENERGY PARTNERS FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	724,508.
ARCLIGHT ENERGY PARTNERS FUND VI, LP - NET RENTAL REAL ESTATE INCOME	951.
ARCLIGHT ENERGY PARTNERS FUND VI, LP - OTHER PORTFOLIO INCOME (LOSS)	36,986.
ARCLIGHT ENERGY PARTNERS FUND VI, LP - OTHER INCOME (LOSS)	-65,409.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-116,013.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - INTEREST INCOME	10,291.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - DIVIDEND INCOME	24,105.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - OTHER INCOME (LOSS)	-25,017.
ASCENSION ALPHA FUND, LLC - ORDINARY BUSINESS INCOME (LOSS)	-858.
CENTERBRIDGE CAPITAL PARTNERS IV, LP - OTHER INCOME (LOSS)	-27,981.
ENERGY TRANSFER LP - ORDINARY BUSINESS INCOME (LOSS)	-3,122.
H.I.G. ADVANTAGE BUYOUT FUND LP - INTEREST INCOME	601.
H.I.G. ADVANTAGE BUYOUT FUND LP - DIVIDEND INCOME	4.
H.I.G. ADVANTAGE BUYOUT FUND LP - OTHER PORTFOLIO INCOME (LOSS)	3,107.
H.I.G. ADVANTAGE BUYOUT FUND LP - OTHER INCOME (LOSS)	-55,185.
H.I.G. ADVANTAGE BUYOUT FUND-AIV I, LP - ORDINARY BUSINESS INCOME (LOSS)	-12,795.
H.I.G. MIDDLE MARKET LBO FUND III, LP - INTEREST INCOME	1,303.
H.I.G. MIDDLE MARKET LBO FUND III, LP - DIVIDEND INCOME	10,421.
H.I.G. MIDDLE MARKET LBO FUND III, LP - OTHER INCOME (LOSS)	-22,715.
H.I.G. MIDDLE MARKET III AIV IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-10,789.
H.I.G. MIDDLE MARKET III AIV IV, LP - INTEREST INCOME	39.
H.I.G PRIVATE EQUITY CO-INVESTMENT - AIV I - ORDINARY BUSINESS INCOME (LOSS)	-8,754.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)	687,867.
NGP NATURAL RESOURCES XI, LP - NET RENTAL REAL ESTATE INCOME	184.
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME	581.
NGP NATURAL RESOURCES XI, LP - DIVIDEND INCOME	104.
NGP NATURAL RESOURCES XI, LP - ROYALTIES	98,099.
NGP NATURAL RESOURCES XI, LP - OTHER PORTFOLIO INCOME (LOSS)	-6,426.
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)	-466,179.
NGP NATURAL RESOURCES XII, LP - ORDINARY BUSINESS INCOME (LOSS)	1,108,255.
NGP NATURAL RESOURCES XII, LP - INTEREST INCOME	404.
NGP NATURAL RESOURCES XII, LP - DIVIDEND INCOME	23.
NGP NATURAL RESOURCES XII, LP - ROYALTIES	35,969.
NGP NATURAL RESOURCES XII, LP - OTHER PORTFOLIO INCOME (LOSS)	3,153.
NGP NATURAL RESOURCES XII, LP - OTHER INCOME (LOSS)	-940,517.
OAK HILL CAPITAL PARTNERS IV (ONSHORE TAX-EXEMPT) LP - ORDINARY BUSINESS INC	-12.

PRIVATE EQUITY INVESTMENT FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	90.
STEPSTONE VC GLOBAL PARTNERS IX-B - ORDINARY BUSINESS INCOME (LOSS)	-90.
STEPSTONE VC GLOBAL PARTNERS IX-B - INTEREST INCOME	1.
STEPSTONE VC GLOBAL PARTNERS IX-B - OTHER INCOME (LOSS)	-488.
STEPSTONE VC GLOBAL PARTNERS X-B - ORDINARY BUSINESS INCOME (LOSS)	-208.
WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	142,355.
WALTON STREET REAL ESTATE FUND VIII, LP - NET RENTAL REAL ESTATE INCOME	1,083.
WALTON STREET REAL ESTATE FUND VIII, LP - OTHER PORTFOLIO INCOME (LOSS)	2,727.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,130,653.

FORM 990-T (A)	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 7
DESCRIPTION		NET INCOME OR (LOSS)
ADVANCED MEDICAL ELECTRONICS CORPORATION - ORDINARY BUSINESS INCOME (LOSS)		18,368.
RUSH RIVER RESEARCH CORPORATION - ORDINARY BUSINESS INCOME (LOSS)		8,045.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		26,413.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,450.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,450.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 9
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
1,000,011.	1,000,011.	0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 10

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	333,077.	207,442.	125,635.	125,635.
06/30/20	836,069.	0.	836,069.	836,069.
06/30/21	38,307.	0.	38,307.	38,307.
NOL CARRYOVER AVAILABLE THIS YEAR			1,000,011.	1,000,011.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 11

TAXABLE INCOME FROM ALL ENTITIES	1,797,526.
THIS ENTITIES PORTION OF TAXABLE INCOME	1,788,575.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	99.50%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	1,788,575.
80% INCOME LIMITATION	1,430,860.
POST-2017 AVAILABLE	1,000,011.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	1,000,011.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2022

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Form(s) 8949 with Box C checked				2,073.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,073.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	12,000.	197,724.		-185,724.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				442,627.
11 Enter gain from Form 4797, line 7 or 9			11	373,983.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	630,886.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,073.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	630,886.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	632,959.

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

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

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

41-1744184

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	160000.000 SHARES - ADVANCED MEDICAL ELECTRONICS K-1 INTEREST EIN: 41-169382	VARIOUS	12/28/22	12,000.	197,724.			-185,724. 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)				12,000.	197,724.			-185724.

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

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

Attach to your tax return.

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

Name(s) shown on return

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Identifying number

41-1744184

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 12						

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

3

4

5

6

7

373,983.

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

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

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

8

9

373,983.

Part II Ordinary Gains and Losses (see instructions)

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

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

11

12

13

14

15

16

17

()

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

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ARCLIGHT ENERGY PARTNERS FUND VI, LP						-12,045.
NGP NATURAL RESOURCES XI, LP						148,846.
NGP NATURAL RESOURCES XII, LP						78,386.
WALTON STREET REAL ESTATE FUND VIII, LP						158,796.
TOTAL TO 4797, PART I, LINE 2						373,983.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2022

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Form(s) 8949 with Box C checked				2,073.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,073.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	12,000.	197,724.		-185,724.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				442,627.
11 Enter gain from Form 4797, line 7 or 9			11	383,842.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	640,745.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,073.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	640,745.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	642,818.

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

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

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

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

41-1744184

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	160000.000 SHARES - ADVANCED MEDICAL ELECTRONICS K-1 INTEREST EIN: 41-169382	VARIOUS	12/28/22	12,000.	197,724.			<185724.>
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)				12,000.	197,724.			<185724.>

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

Underpayment of Estimated Tax by Corporations

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

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Employer identification number
41-1744184

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	150,541.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	150,541.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	5,738.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	5,738.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/22	12/15/22	03/15/23	06/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,435.	1,434.	1,435.	1,434.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	1,490.		1,490.	2,980.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		55.		
13 Add lines 11 and 12	13		55.	1,490.	2,980.
14 Add amounts on lines 16 and 17 of the preceding column	14			1,379.	1,324.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	1,490.	55.	111.	1,656.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		1,379.	1,324.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	55.			

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 14.

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

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

Attach to your tax return.

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

Name(s) shown on return

**CATHOLIC COMMUNITY FOUNDATION
OF MINNESOTA**

Identifying number

41-1744184

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 13						

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

3

4

5

6

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383,842.

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

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

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

8

9

383,842.

Part II Ordinary Gains and Losses (see instructions)

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

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

11

12

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14

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

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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