efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027326

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 MARKET STREET NO 2

City or town, state or province, country, and ZIP or foreign postal code
WINONA, MN 55987

D Employer identification number
41-0721636

E Telephone number
(507) 454-2270

G Gross receipts $ 2,589,568

F Name and address of principal officer
ROBERT TEREBA
111 MARKET STREET NO 2
WINONA, MN 55987

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CCWINONA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA SERVES THE POOR AND MARGINALIZED, ADVOCATES FOR SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF CHRIST

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	47
6	Total number of volunteers (estimate if necessary)	**6**	1,600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,133,357	2,180,509
9	Program service revenue (Part VIII, line 2g)	320,989	398,373
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,029	9,484
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	115
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,473,375	2,588,481
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	285,443	354,213
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)	1,765,442	1,763,241
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶156,401		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	537,266	496,859
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,588,151	2,614,313
19	Revenue less expenses Subtract line 18 from line 12	-114,776	-25,832

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0	1,923,175
21	Total liabilities (Part X, line 26)	0	631,652
22	Net assets or fund balances Subtract line 21 from line 20	0	1,291,523

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

****** 2016-10-27
Signature of officer Date

ROBERT TEREBA EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LYNDA S RICKOFF	LYNDA S RICKOFF	2016-10-27		P00612598

Firm's name ▶ RUSSELL & ASSOCIATES LLC — Firm's EIN ▶ 71-0959317

Firm's address ▶ 111 RIVERFRONT SUITE 401
WINONA, MN 55987 — Phone no (507) 452-3100

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

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

CATHOLIC CHARITIES OF THE DIOCESE OF WINONA SERVES THE POOR AND MARGINALIZED, ADVOCATES FOR SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF CHRIST

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 $ 708,065 including grants of $ 46,865) (Revenue $ 281,150)

COUNSELING CATHOLIC CHARITIES COUNSELING SERVICES HELPS PEOPLE FIND HOPE AND DIRECTION IN THEIR LIVES AND OVERCOME DIFFICULTIES THEY EXPERIENCE WE ARE COMMITTED TO PROMOTING GROWTH AND CHANGE WITH A DEEP RESPECT FOR EACH INDIVIDUAL'S AND FAMILY'S LIFE EXPERIENCE WE PROMOTE PHYSICAL, SOCIAL, EMOTIONAL, AND SPIRITUAL HEALTH AND WELL BEING TO ALL WE BELIEVE THAT BY HELPING THOSE WHO COME TO US GAIN A MORE ACCURATE UNDERSTANDING OF THEMSELVES AND THE PEOPLE IN THEIR LIVES THEY WILL BE ABLE TO LEAD A MORE SATISFYING AND PRODUCTIVE LIFE OUR COUNSELING STAFF ARE PROFESSIONALLY TRAINED AND LICENSED AT THE TOP LEVEL OF LICENSURE COUNSELING SERVICES ARE PROVIDED AT ALL OF OUR SERVICE LOCATIONS WE SERVE PEOPLE OF ALL AGES, ETHNIC/CULTURAL BACKGROUNDS, FAITH AND NON FAITH TRADITIONS, AND ECONOMIC BACKGROUNDS INSURANCE IS ACCEPTED AND MAY COVER THE COST OF THE COUNSELING SERVICES A SLIDING FEE SCALE BASED ON HOUSEHOLD INCOME AND FAMILY SIZE IS AVAILABLE FOR INDIVIDUALS AND FAMILIES WHO DO NOT HAVE INSURANCE COVERAGE OVER 33% OF OUR CLIENTS SELECTED CATHOLIC CHARITIES FOR COUNSELING BECAUSE WE ARE FAITH BASED EIGHTY-EIGHT PERCENT REPORTED AN OVERALL SATISFACTION WITH THE COUNSELING SERVICES DURING THIS REPORTING CYCLE, 2,167 PEOPLE RECEIVED COUNSELING SERVICES COUNSELING CLIENTS COMPLETE A CLIENT SATISFACTION SURVEY SELF REPORT HERE ARE SOME QUOTES FROM OUR COUNSELING CLIENTS ABOUT THE COUNSELING SERVICES "WHEN I CAME, I WAS IN A DIFFICULT PLACE IN LIFE AFTER TALKING AND SETTING GOALS AND STANDARDS FOR ME THINGS HAVE GOTTEN A LOT BETTER WITH DAY TO DAY LIVING , "MY WAY OF THINKING HAS CHANGED FOR THE BETTER, I HAVE LEARNED THAT I CAN'T CHANGE ANYONE BUT MYSELF , "COUNSELING HELPED STEER US IN THE RIGHT DIRECTION AND BRING US CLOSER TOGETHER AS A COUPLE AND A FAMILY , "MY WHOLE OUTLOOK ON LIFE HAS COMPLETELY CHANGED FOR THE BETTER , "I ABSOLUTELY LOVE MY COUNSELOR SHE IS THE FIRST OF MANY I'VE HAD NOW I LOOK FORWARD TO MY SESSION AND DO NOT FEEL JUDGED EVER , "CATHOLIC CHARITIES HAS HELPED ME A GREAT DEAL I DON'T EVEN WANT TO THINK WHAT MIGHT HAVE HAPPENED HAD I NOT COME FOR COUNSELING MY COUNSELOR HELPS ME STAY ON TRACK AND KEEP MOVING FORWARD " PROJECT RACHEL THE PROJECT RACHEL POST ABORTION COUNSELING MINISTRY TAKES ITS NAME FROM JEREMIAH 31 15-17, "THUS SAYS THE LORD IN RAMAH IS HEARD THE SOUND OF MOANING, OF BITTER WEEPING' RACHEL MOURNS HER CHILDREN, SHE REFUSES TO BE CONSOLED BECAUSE HER CHILDREN ARE NO MORE THUS SAYS THE LORD CEASE YOUR CRIES OF MOURNING, WIPE AWAY THE TEARS FROM YOUR EYES THE SORROW YOU HAVE SHOWN SHALL HAVE ITS REWARD THERE IS HOPE FOR YOUR FUTURE "CATHOLIC CHARITIES HOLDS ALL LIFE AS SACRED WE ACKNOWLEDGE THAT WE LIVE IN A SOCIETY IN WHICH THE UNBORN ARE UNPROTECTED AND THAT MANY LIVES ARE TOUCHED BY THE REALITY OF ABORTION IN ADDITION WE ALSO BELIEVE IN THE COMPASSION AND MERCY OF GOD WHO FORGIVES THROUGH PROJECT RACHEL, OUR POST ABORTION HEALING PROGRAM SEEKS TO REACH OUT IN COMPASSION TO THE WOMAN, MAN, FAMILY MEMBERS, AND FRIENDS SUFFERING FROM THE AFTERMATH OF ABORTION FORGIVENESS AND PEACE OF HEART IS OFFERED THROUGH COUNSELING AND REFERRAL FOR THE SACRAMENT OF RECONCILIATION WITH HELP, THOSE AFFECTED BY ABORTION CAN MOVE FORWARD RENEWED AND RECONCILED WITH SELF, THE UNBORN CHILD, FAMILY, COMMUNITY, AND WITH GOD A 800 PHONE LINE IS DESIGNATED FOR PROJECT RACHEL CALLS SO PEOPLE HURTING FROM THE AFTERMATH OF ABORTION CAN GET 24/7 INFORMATION ABOUT POST ABORTION HEALING AND RECONCILIATION COUNSELING SERVICES ARE PROVIDED BY OUR LICENSED COUNSELORS AT ALL OF OUR LOCATIONS INSURANCE AND SLIDING FEE IS AVAILABLE REFERRALS ARE MADE FOR THE SACRAMENT OF RECONCILIATION WE WORK CLOSELY WITH THE PRO-LIFE SECRETARIAT OFFICE OF THE USCCB (UNITES STATES CONFERENCE OF CATHOLIC BISHOPS) THE NUMBER SERVED IS INCLUDED IN THE COUNSELING NUMBER ADOPTION CATHOLIC CHARITIES HAS BEEN CREATING FAMILIES IN THE DIOCESE OF WINONA FOR 73 YEARS WE ARE A CHILD PLACING AGENCY LICENSED IN MINNESOTA OUR LICENSED SOCIAL WORKERS PROVIDE DOMESTIC INFANT ADOPTION SERVICES, INTERNATIONAL ADOPTION SERVICES, AND DESIGNATED ADOPTION SERVICES WE HAVE A SUPERVISED PROVIDER AGREEMENT WITH HOLT INTERNATIONAL OF EUGENE, OREGON TO COMPLETE ADOPTIVE STUDIES AND PROVIDE POST PLACEMENT SUPERVISION WITH MINNESOTA RESIDENTS LIVING IN OUR SERVICE AREA WHO WANT TO ADOPT INTERNATIONALLY DESIGNATED ADOPTION SERVICES ARE PROVIDED TO ADOPTIVE APPLICANTS CHOOSING NOT TO BE A PART OF OUR DOMESTIC ADOPTION PROGRAM, BUT ARE IN NEED OF INDIVIDUAL SERVICES SUCH AS A STUDY OR POST PLACEMENT SERVICES IN THE DOMESTIC ADOPTION PROGRAM OUR LICENSED SOCIAL WORKERS PAIR MARRIED COUPLES (MAN AND WOMAN) LOOKING TO ADOPT WITH BIRTHPARENTS LOOKING TO PLACE THEIR CHILD FOR ADOPTION OUR SOCIAL WORK STAFF HELP TO FACILITATE THE MATCH BETWEEN BIRTHPARENTS AND ADOPTIVE COUPLES AND ASSIST WITH THE PROCESS OF FREEING THE CHILD FOR ADOPTION AND PLACEMENT OF THE CHILD IN THE ADOPTIVE HOME, AS WELL AS THE SUPERVISION OF THE ADOPTIVE PLACEMENT THROUGH THE ADOPTION LEGALIZATION THE ADOPTION STAFF IS COMMITTED TO PROVIDING SUPPORT AND GUIDANCE THROUGHOUT THE ENTIRE ADOPTION PROCESS BOTH TO THE ADOPTIVE COUPLE AND THE BIRTHPARENTS IN ALL OF THESE EFFORTS THE WELFARE OF THE CHILD IS OF PRIMARY CONCERN ADOPTION PROGRAM SERVICE FEES, PAID BY ADOPTING COUPLES, ARE DESIGNED TO COVER THE OPERATING EXPENSES OF THE PROGRAM TO ELIMINATE COST AS A BARRIER TO ADOPTION, A PORTION OF THE ADOPTION FEES ARE ASSESSED ON A SLIDING SCALE BASED ON HOUSEHOLD INCOME WITH A MINIMUM AND MAXIMUM CAP ANY DEFICITS ARE SUPPLEMENTED BY GENERAL CONTRIBUTIONS TO CATHOLIC CHARITIES FOSTER CARE PLACEMENT IS AN OPTION, HOWEVER, THE MAJORITY OF CHILDREN ARE PLACED DIRECTLY OUT OF THE HOSPITAL INTO THE ADOPTIVE HOME THERE ARE A NUMBER OF DIFFERENT WAYS DOMESTIC INFANT ADOPTION HAPPENS PREGNANT WOMEN MAY COME TO THE AGENCY LOOKING TO PLACE THEIR CHILD IN AN ADOPTIVE HOME, WHICH HAS ALWAYS BEEN A SERVICE OPTION, AND WE ARE READY TO ASSIST BOTH THE ADOPTIVE PARENTS AND BIRTHPARENT IN THAT PROCESS ANOTHER WAY IN WHICH ADOPTIVE PARENTS AND BIRTHPARENTS ARE MAKING A CONNECTION IS THROUGH VARIOUS SOCIAL NETWORKING OPTIONS FOR EXAMPLE THEY MAY CONNECT ON OUR FACEBOOK PAGE OR GO TO OUR WEBSITE AND LOOK AT OUR "READY TO ADOPT" COUPLES AND THEN DECIDE TO COME TO THE AGENCY FOR ASSISTANCE WITH THE ADOPTION WE ARE CONSTANTLY MAKING CHANGES IN TECHNOLOGY AND BALANCING ONLINE COMMUNICATION WITH THE MORE TRADITIONAL FACE TO FACE CONTACT WE WANT TO ENSURE CONFIDENTIALITY FOR OUR CLIENTS AND AT THE SAME TIME UTILIZE ONLINE MEDIA AND RESOURCES TO SERVE ADOPTIVE FAMILIES AND BIRTHPARENTS WE OFFER A "JOURNEY TO ADOPT "EDUCATIONAL SUPPORT GROUP FOR OUR FAMILIES WHO HAVE COMPLETED THE ADOPTION STUDY PROCESS AND ARE READY TO ADOPT TO INCLUDE ALL OF OUR FAMILIES IN THE GROUP MEETINGS, WE SKYPE WITH PARTICIPANTS FROM ACROSS OUR SERVICE AREA WE ARE PROACTIVE IN OUR EFFORTS TO MAKE SURE BOTH ADOPTIVE PARENTS AND BIRTHPARENTS HAVE A FULL COMPLEMENT OF SERVICES DURING THIS REPORTING CYCLE, 66 PEOPLE RECEIVED ADOPTION SERVICES CATHOLIC CHARITIES ADOPTIVE FAMILIES SHARE IN THEIR OWN WORDS WHAT ADOPTION HAS MEANT TO THEM "WE SEND OUR DAUGHTER'S BIRTHPARENTS A LETTER AND PICTURE EVERY FEW MONTHS, AND EACH NIGHT WE PRAY AND OFFER THANKSGIVING TO GOD FOR HER BIRTHPARENTS BRINGING SO MUCH JOY TO OUR FAMILY ADOPTING OUR DAUGHTER HAS BEEN THE GREATEST BLESSING IN OUR LIVES , "OUR SON WILL BE TURNING 3 IN JUST A MONTH AND THERE HAS NOT BEEN A DAY THAT HAS WENT BY THAT WE HAVEN'T THANKED GOD FOR HIS PLAN FOR US WE WOULD NOT HAVE THIS AMAZING CHILD IF WE HAD NOT FOLLOWED HIS PLAN AND WE ALSO CONTINUE TO PRAY FOR HIS BIRTH MOM EVERY SINGLE DAY HOPING SHE IS OK AND THAT SOMEDAY WE CAN MEET AGAIN , "WHAT YOU CAN DO FOR US THIS HOLIDAY SEASON IS TO SAY A QUICK PRAYER FOR OUR SON'S BIRTHMOTHER WHO HELPED REMIND US WHAT CHRISTMAS IS ALL ABOUT HER UNSELFISH DECISION PROVIDED US WITH THE BEST CHRISTMAS PRESENT EVER , "PARENTHOOD IS MORE THAN WE EVER EVEN DREAMED OUR CHILDREN BRING ENDLESS JOY TO OUR DAYS, AND EACH AND EVERY DAY WE THANK GOD FOR THEIR BIRTHPARENTS, WHICH CHOSE LIFE AND MADE OUR DREAM OF HAVING A FAMILY COME TRUE THIS SAYING IS ON OUR WALL IN OUR LIVING ROOM BECAUSE IT DESCRIBES OUR ADOPTION EXPERIENCE PERFECTLY "EVERYDAY HOLDS THE POSSIBILITY OF A MIRACLE "OUR CHILDREN ARE AND WILL ALWAYS BE A CONSTANT REMINDER OF THE BEAUTY OF ADOPTION " "ADOPTION HAS BEEN A BLESSED EVENT IN OUR LIVES WE CAN'T IMAGINE LOVING ANYONE AS MUCH AS OUR CHILD HE HAS BEEN THE JOY OF OUR LIVES AND HAS ALLOWED HIS PARENTS THE OPPORTUNITY OF HAVING A FAMILY WE ARE EXTREMELY GRATEFUL TO HIS BIRTHMOTHER FOR BRINGING HIM INTO OUR WORLD "

4b (Code) (Expenses $ 571,040 including grants of $ 253,584) (Revenue $ 1,245)

REFUGEE RESETTLEMENT PROGRAM - CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM (CCRRP) HAS A RICH HISTORY OF SERVING PRIMARY REFUGEES IN OUR COMMUNITY SINCE 1975 THE REFUGEE RESETTLEMENT PROGRAM MEETS THE REGIONAL NEEDS OF THE REFUGEES DESIGNATED TO RESETTLE HERE, EITHER THROUGH FAMILY REUNIFICATION OR AS "FREE CASES" ASSIGNED TO OUR LOCAL COMMUNITY NEW REFUGEES ARE AT THEIR MOST VULNERABLE AS THEY ENTER THE UNITED STATES AS THE ONLY RESETTLEMENT AGENCY IN SOUTHEASTERN MINNESOTA, CCRRP SEEKS TO ADDRESS THE MOST FUNDAMENTAL NEEDS OF ALL NEW REFUGEES SUCH AS ACCESS TO SHELTER, FOOD, CLOTHING, INCOME, MEDICAL CARE, EDUCATION, AND EMPLOYMENT OPERATING UNDER THE UMBRELLA OF UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/ MIGRATION AND REFUGEE SERVICES (USCCB/MRS) IN COLLABORATION WITH DEPARTMENT OF STATE/BUREAU OF POPULATION, REFUGEES, AND MIGRATION (DOS/PRM), CCRRP CARRIES OUT REFUGEE SERVICES TO ADDRESS NEEDS BY PROVIDING DIRECT CASE MANAGEMENT AND NETWORKING WITH THE INTENTION OF BUILDING FINANCIAL INDEPENDENCE FINANCIAL SELF-SUFFICIENCY IS ACHIEVED THROUGH ACQUIRING SAFE AND STABLE HOUSING, ASSET BUILDING, FINANCIAL LITERACY TRAINING, AND BASIC EMPLOYMENT SOFT SKILLS TRAINING WHICH ASSISTS REFUGEES IN GAINING THE ABILITY TO SECURE EMPLOYMENT, A MORE SUSTAINABLE AND SIGNIFICANT SOURCE OF FINANCIAL INDEPENDENCE WE ALSO PROVIDE CULTURAL, TRANSPORTATION, SHOPPING AND BUDGETING ORIENTATIONS WE HAD A LARGE NUMBER OF REFUGEES - A TOTAL OF 187 INDIVIDUALS (REPRESENTING 72 SEPARATE CASES) REFUGEE INDIVIDUALS AND FAMILIES WE CARED FOR CAME FROM IRAQ, SYRIA, SOMALIA, BURMA (MYANMAR), AND ETHIOPIA WE SAW CASES CONSISTING OF ONE INDIVIDUAL TO CASES COMPRISED OF 2-9 INDIVIDUALS AS A PROGRAM, OUR GREATEST STRENGTH IS OUR INTENSIVE CLIENT-CENTERED CASE MANAGEMENT GOALS ESTABLISHED FOR REFUGEES ARE INTENDED TO ADDRESS IMMEDIATE SOCIAL/EDUCATIONAL NEEDS, ATTAIN A STABLE ENVIRONMENT, DEVELOP SKILLS FOR EMPLOYMENT, UNDERSTAND BASIC FINANCIAL PRINCIPLES, AND PROMOTE SEAMLESS INTEGRATION THE PROCESS WE UTILIZE ENTAILS AN INTAKE AND ASSESSMENT, GOAL DEVELOPMENT, INTERVENTION, REFERRALS, MONITORING AND REASSESSING THROUGHOUT THE SERVICE PERIOD AND TRANSITIONING SERVICES SEAMLESSLY TO OTHER SERVICE PROVIDERS AT THE END OF THE 90 DAY RESETTLEMENT PERIOD THE GOAL OF RESETTLEMENT IS EMPOWERING INDIVIDUALS WITH THE KNOWLEDGE AND SKILLS THAT WILL ASSIST THEM ON THE ROAD TO SELF-SUFFICIENCY REFUGEES WANT WHAT MANY AMERICANS WANT TO FEEL A PART OF THEIR COMMUNITY, GAIN EMPLOYMENT, AND ULTIMATELY FIND A PLACE TO CALL "HOME "ALINE, LIKE MANY REFUGEES BEFORE HER, CAME TO THE UNITED STATES BECAUSE OF WAR ALINE WAS A YOUNG MOTHER OF 5 CHILDREN WHEN WAR BROKE OUT IN THE DEMOCRATIC REPUBLIC OF CONGO HER HUSBAND WAS ONE OF THE FIRST TO BE KILLED SHE STAYED, HOPING THAT THINGS WOULD CALM, AND SHE WAS VERY HESITANT TO LEAVE HER HOME LAND UNFORTUNATELY, THAT HOPE ENDED LATE ONE NIGHT WHEN ALINE AND HER CHILDREN WERE FORCED TO FLEE FROM TERRORISTS WHO STARTED THEIR HOUSE ON FIRE "WE FLED INTO THE BUSH IN THE MIDDLE OF THE NIGHT AND WALKED AND WALKED UNTIL WE REACHED UGANDA "ALINE QUICKLY REALIZED THERE WERE MANY REFUGEES ALREADY IN UGANDA AND NO FUTURE FOR THEM THERE, WITH LIMITED RESOURCES AND THE CONSTANT FEAR THAT SOMEONE WOULD RECOGNIZE THEM AND REPORT THEIR WHEREABOUTS TO THOSE SEEKING TO HARM THEM "I KNEW WE WOULD NOT BE SAFE UNTIL WE LEFT AFRICA," ALINE SAID UNFORTUNATELY, THE REFUGEE PROCESS MOVES VERY SLOWLY ALINE AND HER CHILDREN LIVED IN CONSTANT FEAR FOR 10 YEARS UNTIL THEY WERE FINALLY GRANTED REFUGEE LEGAL STATUS AND WERE ABLE TO TRAVEL TO THE UNITED STATES A YEAR AND A HALF AGO NOW ALINE AND HER FAMILY CALL THE UNITED STATES "HOME " DURING THE FIRST 3 MONTHS IN THE UNITED STATES THE CATHOLIC CHARITIES STAFF ASSISTED HER IN SECURING SAFE AND STABLE HOUSING, CLOTHING, FOOD, AND ENROLLED HER YOUNGEST INTO SCHOOL ALINE AND HER DAUGHTERS ENROLLED IN ESL CLASSES AND PARTICIPATED IN EMPLOYMENT SERVICES, FINDING EMPLOYMENT VERY QUICKLY A YEAR AND A HALF LATER, ALINE AND HER CHILDREN WORK AS WELL AS ATTEND SCHOOL, WITH HER TWO OLDEST NOW WORKING THEIR WAY THROUGH COLLEGE CATHOLIC CHARITIES REFUGEE RESETTLEMENT CONTINUES TO FACILITATE THE MATCH GRANT EMPLOYMENT PROGRAM, WHICH ASSISTS REFUGEES THAT ARRIVE WITH WORK HISTORY AND SOME FLUENCY IN FINDING EMPLOYMENT WITHIN 180 DAYS AFTER THEIR ARRIVAL MATCH GRANT SERVICES INCLUDE RESUME BUILDING, EMPLOYMENT SOFT SKILLS TRAINING, INTERVIEWING SKILLS TRAINING, JOB SEARCH ASSISTANCE, AND POST-EMPLOYMENT ADVOCACY AND MEDIATION WE SERVED 50 INDIVIDUALS IN THE MATCH GRANT PROGRAM THIS YEAR CCRRP ALSO FACILITATES THE REFUGEE CASH ASSISTANCE (RCA) PROGRAM RCA IS AN EIGHT MONTH GOVERNMENT FUNDED CASH ASSISTANCE PROGRAM FOR REFUGEES THAT ARRIVE AS SINGLES OR MARRIED COUPLES WITHOUT CHILDREN IN FISCAL YEAR 2016, WE SAW AN INCREASE IN VOLUNTEERISM FROM OUR LOCAL COMMUNITY MEMBERS SEVERAL GROUPS FROM VARIOUS FAITH TRADITIONS PARTICIPATED IN VOLUNTEERING AS FAMILY MENTORS, OR COLLECTED IMPORTANT HOUSEHOLD ITEMS (BEDS/TABLES/CHAIRS, NEW PILLOWS, ETC) AND CREATED CHILDREN'S WELCOME BASKETS, HYGIENE BAGS, CLEANING SUPPLY KITS, AND SURVIVAL KITS THESE KITS/BASKETS CONTINUE TO BE A WONDERFUL WAY FOR INDIVIDUALS AND GROUPS THAT WANT TO SUPPORT REFUGEES IN OUR COMMUNITY, TO ASSIST THEM IN GAINING THE BASIC ITEMS NEEDED AS THEY ESTABLISH THEMSELVES IN THE COMMUNITY EACH FAMILY, DEPENDING ON THE SIZE, RECEIVES AN ESTIMATED $1,000-$2000 DOLLARS IN DONATED ITEMS, COMPLETELY FROM THE GENEROSITY OF THE PEOPLE IN OUR COMMUNITY WE ARE SO THANKFUL FOR THE SUPPORT FROM ALL THE COMMUNITIES IN SOUTHERN MINNESOTA THAT HAVE HELPED US THIS YEAR REFUGEES' GAINING FINANCIAL LITERACY SKILLS HAS BEEN RECOGNIZED AS ONE OF THE MOST IMPORTANT COMPONENTS TO HELPING REFUGEES MOVE TOWARDS FINANCIAL STABILITY AND INDEPENDENCE WE PROVIDE EACH REFUGEE THAT ARRIVES THROUGH OUR PROGRAM WITH TWO CLASSES ON FINANCIAL LITERACY THAT COVER TOPICS SUCH AS THE DIFFERENCE BETWEEN NEEDS AND WANTS, ESTABLISHING SAVINGS, SETTING LONG-TERM FINANCIAL GOALS, ASSET BUILDING, AND VARIOUS BUDGETING TECHNIQUES CLASSES ARE PROVIDED IN VARIOUS LANGUAGES AND INTERPRETATION ASSISTANCE IS ALSO PROVIDED CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM'S MISSION IS TO MEET THE NEEDS OF NEWLY ARRIVED REFUGEES BY PROVIDING ONE-ON-ONE CASE MANAGEMENT TO GUIDE THEM ON THEIR NEW JOURNEY AND EMPOWER THEM IN THEIR NEW LIFE

4c (Code) (Expenses $ 367,331 including grants of $) (Revenue $ 820)

RSVP PROGRAM - COMMON GOOD RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IS A FEDERAL PROGRAM OF THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, SPONSORED BY CATHOLIC CHARITIES OF THE DIOCESE OF WINONA THE PROGRAM OPERATES IN SIXTEEN COUNTIES IN SOUTH CENTRAL AND SOUTHEASTERN MINNESOTA, INCLUDING BLUE EARTH, BROWN, DODGE, FILLMORE, GOODHUE, HOUSTON, LE SUEUR, MOWER, NICOLLET, OLMSTED, RICE, STEELE, WABASHA, WASECA, WATONWAN AND WINONA WORKING AT THE GRASSROOTS LEVEL WITH NOT FOR PROFIT AGENCIES, COMMON GOOD RSVP ENGAGES ADULTS AGE 55 AND OVER TO VOLUNTEER THEIR LIFE EXPERIENCES AND SKILLS IN MEETING THE NEEDS OF THEIR NEIGHBORS IN THEIR LOCAL COMMUNITIES THROUGH VOLUNTEER SERVICE THIS SERVICE IS COMPLETED THROUGH A NETWORK OF NOT FOR PROFIT AGENCIES SUCH AS HUMAN SERVICE ORGANIZATIONS, SENIOR CENTERS, NON-PROFIT TRANSPORTATION PROVIDERS, AREA AGENCIES ON AGING, SCHOOLS AND FOOD BANKS RSVP VOLUNTEERS PROVIDE CRITICAL SERVICES, INCLUDING FOOD DELIVERY, TRANSPORTATION, COMPANIONSHIP, FOOD PANTRY SUPPORT, LEADING OR ASSISTING WITH BONE BUILDERS (AN EXERCISE PROGRAM THAT PREVENTS AND REVERSES OSTEOPOROSIS), TUTORING IN ELEMENTARY SCHOOLS AND HOME REPAIR/BUILDING SIGNIFICANT INCREASES IN LIFE EXPECTANCY AND A DRAMATIC INCREASE IN THE NUMBER OF PEOPLE OVER THE AGE OF 65 ARE SETTING THE STAGE FOR LONG TERM CARE CHALLENGES IN THE 21ST CENTURY BOTH NATIONALLY AND IN MINNESOTA THE MINNESOTA DEPARTMENT OF HEALTH PROJECTS THE NUMBER TO DOUBLE IN THE YEARS FROM 2000 - 2030, WITH A 40% GROWTH IN THE NEXT 10 YEARS THE NUMBER OF INDIVIDUALS AGE 85 AND OVER WILL NEARLY TRIPLE FROM 90,000 TO 250,000 IN THE YEARS 2000 TO 2050 ACCORDING TO THE MINNESOTA STATE DEMOGRAPHIC CENTER AND U S CENSUS BUREAU, THERE WERE 118,429 INDIVIDUALS AGE 65 AND OVER RESIDING IN SOUTHERN MINNESOTA, WHICH INCLUDES THE 16 COUNTIES SERVED BY OUR RSVP PROJECT IN 2014 THE MINNESOTA PUBLIC HEALTH ASSOCIATION ESTIMATES THAT AT AGE 65 AN INDIVIDUAL HAS A 60 PERCENT CHANCE OF NEEDING LONG-TERM CARE IN FUTURE YEARS DESPITE THESE NUMBERS, A POLL COMMISSIONED BY THE LONG TERM CARE IMPERATIVE, 74 PERCENT OF MINNESOTANS HAVE NO-LONG TERM CARE INSURANCE, AND MORE THAN 50 PERCENT HAVE NO PLAN IN PLACE TO COVER COSTS ASSOCIATED WITH LONG-TERM CARE IN FISCAL 2010, MINNESOTA SPENT $720 MILLION ON NURSING HOME CARE FOR THE ELDERLY, COMPARED WITH $333 MILLION IN NON-INSTITUTIONAL CARE MINNESOTA IS IN DESPERATE NEED OF LOW COST OPTIONS TO MEET THE GROWING NEEDS OF THE AGING POPULATIONS THAT SUPPORT INDIVIDUALS LIVING INDEPENDENTLY IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE THE SERVICE ACTIVITIES OF RSVP VOLUNTEERS PROVIDE A VITAL LOW COST SOLUTION TO THIS EPIDEMIC VOLUNTEERS DELIVER MEALS TO THE DOORSTEP AND PROVIDE TRANSPORTATION TO ESSENTIAL APPOINTMENTS TOGETHER, THESE SERVICES INCREASE SOCIAL SUPPORT AND DECREASE LONELINESS, ISOLATION AND DEPRESSION WHICH OFTEN TIMES INCREASES THE LIKELIHOOD OF LONG-TERM CARE PLACEMENT ACCORDING TO HUNGER SOLUTIONS, A STATEWIDE PARTNERSHIP OF ORGANIZATIONS FIGHTING HUNGER, THE NUMBER OF VISITS TO MINNESOTA FOOD BANKS HAS GROWN 43% IN THE LAST FOUR YEARS, TO APPROXIMATELY 2 7 MILLION VISITS A YEAR IN 2014 THE WORKING POOR ARE THE FASTEST GROWING GROUP OF FOOD SHELF USERS HALF OF THOSE SERVED BY FOOD BANKS ARE CHILDREN, AND 20% ARE SENIORS THE MISSING MEALS REPORT COMPILED BY SECOND HARVEST HEARTLAND OF MINNESOTA REPORTED THAT MINNESOTANS ARE MISSING 125 MILLION MEALS ANNUALLY, WHICH IS THE EQUIVALENT OF EVERY LOW INCOME MINNESOTAN MISSING 10 MEALS PER MONTH IN THE FACE OF INCREASING NEED, MINNESOTA FOOD BANKS ARE STRUGGLING TO KEEP UP WITH DEMAND, WITH OVER 50% INDICATING THAT THEY HAVE HAD TO TURN PEOPLE AWAY IN 2014 THE IMPACT OF EVEN MILD NUTRITIONAL DEPRIVATION CAN IMPEDE A CHILD'S COGNITIVE DEVELOPMENT AND IMPAIR THEIR CAPACITIES FOR A LIFETIME OUR SENIORS ARE NOT FARING ANY BETTER, DESPITE THE AVAILABILITY OF THE SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), LESS THAN HALF THE ELIGIBLE SENIORS TAKE ADVANTAGE OF THE PROGRAM EVEN THOUGH THEY FACE HUNGER PERSONALLY THE COMPLEXITY OF THE ENROLLMENT PROCESS AND THE PERCEIVED STIGMA OF PARTICIPATING IN THE PROGRAM ARE CITED AS ENROLLMENT DETERRENTS ACCORDING TO DATA PROVIDED BY THE MINNESOTA STATE DEMOGRAPHIC CENTER AND U S CENSUS BUREAU, AN AVERAGE OF 11% OF THE POPULATION OF THE SIXTEEN COUNTY SERVICE AREA OF COMMON GOOD RSVP WERE LIVING IN POVERTY IN 2014 BLUE EARTH COUNTY HAS THE HIGHEST PERCENTAGE OF THE POPULATION LIVING IN POVERTY AT 16 9%, WITH THE CITY OF MANKATO (LOCATED IN BLUE EARTH COUNTY) REPORTED AS THE MINNESOTA CITY WITH THE HIGHEST PERCENTAGE OF POVERTY STATEWIDE AT 26% POVERTY AND SOCIAL ISOLATION COMBINE TO MAKE FOOD SECURITY A MAJOR CONCERN IN MINNESOTA, CONSIDERABLY SO IN THE 16 PRIMARILY RURAL COUNTIES SERVED BY OUR RSVP PROJECT COMMON GOOD RSVP VOLUNTEERS PROVIDE ASSISTANCE TO FOOD SHELVES, FOOD BANKS, FOOD RECOVERY PROGRAMS AND FOOD DELIVERY PROGRAMS - CONTRIBUTING SIGNIFICANTLY TO THE ONGOING AND INCREASING ISSUE OF FOOD INSECURITY IN OUR MINNESOTA HEARTLAND MANY ELEMENTARY SCHOOL STUDENTS DO NOT RECEIVE THE IDEAL AMOUNT OF ONE TO ONE INTERACTION IN DEVELOPING THEIR MATH, READING, AND WRITING SKILLS DUE TO UNDERSTAFFED CLASSROOMS, SINGLE PARENT OR DUAL PARENT WORKING HOMES WITH LESS TIME FOR PARENTAL INVOLVEMENT IN DEVELOPING READING SKILLS AND INCREASED DEMANDS PLACED ON THE TEACHER'S TIME IN THE CLASSROOM SETTING RSVP VOLUNTEER TUTORS PROVIDE STUDENTS WITH INDIVIDUALIZED ATTENTION DIRECTED AT IMPROVING THEIR MATH, WRITING, READING AND COMPREHENSION THROUGH ONE-ON-ONE TUTORING SESSIONS AND CLASSROOM ASSISTANCE PROVIDED BY RSVP VOLUNTEERS, STUDENTS IMPROVE ACADEMIC PERFORMANCE, RECEIVE POSITIVE REINFORCEMENT IN THEIR DEVELOPMENT, EXPERIENCE A POSITIVE INTERGENERATIONAL INTERACTION WITH VOLUNTEERS AND DEMONSTRATE IMPROVED ACADEMIC ENGAGEMENT COMMON GOOD RSVP SUPPORTS PARTNERING NOT FOR PROFIT AGENCIES BY RECRUITING, REFERRING, SUPPORTING AND RECOGNIZING VOLUNTEERS SERVING WITHIN THEIR AGENCIES FROM JULY 1, 2015 TO JUNE 30, 2016, 1,438 COMMON GOOD RSVP VOLUNTEERS PROVIDED 117,775 HOURS OF SERVICE TO 129 NOT FOR PROFIT AGENCIES IN THEIR COMMUNITIES

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 461,783 including grants of $ 53,764) (Revenue $ 115,273)

4e **Total program service expenses ▶** 2,108,219

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
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?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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		Yes	
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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 in Schedule O*	9			No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ THE ORGANIZATION 111 MARKET STREET NO 2 WINONA, MN 55987 (507) 454-2270

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REVEREND JOHN QUINN PRESIDENT	0 70	X		X				0	0	0
(2) REVEREND RICHARD COLLETTI TO 52016 VICE PRESIDENT	0 70	X		X				0	0	0
(3) JOANN FAGAN DIRECTOR	0 70	X						0	0	0
(4) SCOTT BERKLEY DIRECTOR	0 70	X						0	0	0
(5) AARON SKOGEN TREASURER	0 70	X		X				0	0	0
(6) KATHY LESNAR DIRECTOR	0 70	X						0	0	0
(7) RONDA KELLY PAST CHAIR	0 70	X		X				0	0	0
(8) OLIVIA ORDAZ DIRECTOR	0 70	X						0	0	0
(9) REVEREND GREGORY HAVEL DIRECTOR	0 70	X						0	0	0
(10) DR SIDNA TULLEDGE-SCHEITEL CHAIR	0 70	X		X				0	0	0
(11) JILL WAGNER DIRECTOR	0 70	X						0	0	0
(12) DEACON PRESTON DOYLE DIRECTOR	0 70	X						0	0	0
(13) MARY FRANCES LANE DIRECTOR	0 70	X						0	0	0
(14) TOD STOKMAN VICE CHAIR	0 70	X		X				0	0	0

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JIMMY BICKERSTAFF DIRECTOR	0 70	X						0	0	0
(16) TERESA PEARSON DIRECTOR	0 70	X						0	0	0
(17) ROBERT TEREBA EXEC DIRECTOR/SECRETARY	40 00			X				89,266	0	12,881
(18) MARY LIEBSCH CONTROLLER	40 00			X				53,400	0	10,634
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								142,666	0	23,515

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 ▶ 0

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

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

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 ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	102,896				
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	1,126,319				
	f All other contributions, gifts, grants, and similar amounts not included above	951,294				
	g Noncash contributions included in lines 1a-1f $	11,493				
	h **Total.** Add lines 1a-1f		2,180,509			
Program Service Revenue		Business Code				
	2a COUNSELING FEES	624100	223,432	223,432		
	b COURT APPOINTED SERVIC	624100	114,493	114,493		
	c ADOPTION FEES	624110	57,604	57,604		
	d MISCELLANOUS	624100	1,599	1,599		
	e REFUGEE RESETTLEMENT	624100	1,245	1,245		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		398,373			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,571			10,571
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	800	287			
	c Gain or (loss)	-800	-287			
	d Net gain or (loss)		-1,087			-1,087
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a BAD DEBTS RECOVERED	624100	115	115		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		115			
	12 **Total revenue.** See Instructions		2,588,481	398,488	0	9,484

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	23,800	23,800		
2 Grants and other assistance to domestic individuals See Part IV, line 22	330,413	330,413		
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	168,057	66,445	91,271	10,341
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	1,247,746	1,047,232	140,096	60,418
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,538	55,204	7,814	3,520
9 Other employee benefits	160,291	135,009	17,689	7,593
10 Payroll taxes	120,609	97,704	16,793	6,112
11 Fees for services (non-employees)				
a Management				
b Legal	2,353	1,092	1,203	58
c Accounting	18,707		18,707	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,647	19,516	10,614	3,517
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	110,608	95,791	9,823	4,994
17 Travel	127,927	118,962	4,206	4,759
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,678	8,641	2,394	8,643
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,899	8,704	9,737	458
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING & PUBLICATIONS	37,488	14,743	2,639	20,106
b TELEPHONE	34,623	29,475	2,536	2,612
c SUPPLIES	26,033	17,209	5,882	2,942
d POSTAGE	22,795	7,736	1,929	13,130
e All other expenses	44,101	30,543	6,360	7,198
25 **Total functional expenses.** Add lines 1 through 24e	2,614,313	2,108,219	349,693	156,401
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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	40,739
	2	Savings and temporary cash investments			2	674,949
	3	Pledges and grants receivable, net			3	230,887
	4	Accounts receivable, net		51,114	4	48,251
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	46,465
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 605,701			
	b	Less accumulated depreciation	10b 223,545		10c	382,156
	11	Investments—publicly traded securities			11	124,297
	12	Investments—other securities See Part IV, line 11			12	374,081
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	1,350
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		0	16	1,923,175
Liabilities	17	Accounts payable and accrued expenses			17	228,187
	18	Grants payable			18	
	19	Deferred revenue			19	2,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	7,617
	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			25	393,848
	26	**Total liabilities.** Add lines 17 through 25		0	26	631,652
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	836,268
	28	Temporarily restricted net assets			28	453,755
	29	Permanently restricted net assets			29	1,500
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		0	33	1,291,523
	34	Total liabilities and net assets/fund balances		0	34	1,923,175

Part XI Reconcilliation 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	2,588,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,614,313
3	Revenue less expenses Subtract line 2 from line 1	3	-25,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	-5,843
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,291,523

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 41-0721636
Name: CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 461,783 including grants of $ 53,764) (Revenue $ 115,273)

GUARDIAN & CONSERVATOR PROGRAM - THE GUARDIAN & CONSERVATOR PROGRAM PROVIDES MUCH NEEDED ASSISTANCE TO CLIENTS WHO HAVE BEEN DEEMED INCAPACITATED BY A JUDGE OF THE DISTRICT COURT OUR CLIENTS ARE UNABLE TO MAKE DECISIONS ON THEIR OWN BEHALF AND NEED GUIDANCE IN PROTECTING THEMSELVES AND/ OR THEIR FINANCES AS GUARDIAN, WE HAVE THE DECISION MAKING AUTHORITY CONCERNING THE PERSON AS CONSERVATOR, WE HAVE THE AUTHORITY TO MAKE FINANCIAL DECISIONS ON THE BEHALF OF THE PROTECTED PERSON THE CLIENTS WE SERVE MAY BE DEVELOPMENTALLY DISABLED, SERIOUSLY AND PERSISTENTLY MENTALLY ILL, CHEMICAL AND/OR DRUG DEPENDENT, PHYSICALLY FRAIL/IMPAIRED, COGNITIVELY IMPAIRED, OR EXPERIENCING COMPLEX MEDICAL DIAGNOSES OUR CLIENTS LIVE IN A VARIETY OF SETTINGS INCLUDING RESIDENTIAL GROUP HOMES, CORPORATE FOSTER CARE, SKILLED NURSING CARE CENTERS, ASSISTED LIVING FACILITIES AND INDEPENDENT LIVING SETTINGS SPECIFIC EXAMPLES OF SERVICES PROVIDED TO CLIENTS THROUGH THE GUARDIAN & CONSERVATOR PROGRAM INCLUDE ATTENDING MEDICAL APPOINTMENTS, GIVING LEGAL CONSENT FOR TREATMENTS, MEDICATIONS AND PROCEDURES, FINDING BETTER SUITED PLACEMENT OR LIVING ARRANGEMENTS FOR CLIENTS WHEN NEEDED, SHOPPING WITH AND FOR CLIENTS, COORDINATING THE SALE OF REAL ESTATE OR OTHER VALUABLE ITEMS ON BEHALF OF CLIENTS (WITH COURT APPROVAL), MANAGING FINANCES, ASSISTING IN LOCATING AND OBTAINING ENTITLED SERVICES (SUCH AS MEDICAL ASSISTANCE, SOCIAL SECURITY AND/OR VETERANS BENEFITS) AND EMPLOYMENT, AND OVERALL COORDINATION OF SERVICES TO ENSURE THAT THE HIGHEST QUALITY OF CARE POSSIBLE IS OFFERED TO EACH CLIENT WE STRIVE TO PROMOTE INDEPENDENCE AND PURSUE THE LEAST RESTRICTIVE SETTING FOR OUR CLIENTS MANY OF OUR CLIENTS DO NOT HAVE FAMILY OR OTHER SUPPORTS AND IN MANY CASES, HAVE BEEN MARGINALIZED BY SOCIETY WE ACT AS ADVOCATES FOR OUR CLIENTS AND ARE OFTEN THOUGHT OF AS SURROGATE FAMILY MEMBERS IN THE LAST FISCAL YEAR, WE EMPLOYED FIVE STAFF MEMBERS THAT HAVE BACKGROUNDS IN SOCIAL WORK, HUMAN SERVICES AND/OR ACCOUNTING WE EXPERIENCED THE CHALLENGE OF THE EXIT OF TWO STAFF MEMBERS AND THE NEED TO HIRE AND REPLACE THEM WITH TWO CASE AIDES WE SERVED 101 CLIENTS INCLUDING AN INCREDIBLE 19 NEW CLIENTS FIFTY-FIVE OF THOSE CLIENTS WERE UNDER BOTH GUARDIANSHIP AND CONSERVATORSHIP, 5 WERE CONSERVATORSHIPS ONLY AND THE REMAINING 41 WERE GUARDIANSHIPS ONLY WE ARE CONTRACTED TO SERVE CLIENTS THROUGH WINONA, FILLMORE, GOODHUE, AND RAMSEY COUNTIES WE ARE SERVING MOST OF OUR CLIENTS IN THE WINONA AND SURROUNDING AREA, BUT DEPENDING ON THEIR NEEDS AND THE AVAILABILITY OF APPROPRIATE PLACEMENT, WE ARE SERVING CLIENTS LIVING IN HARMONY, DULUTH, MOORHEAD, FOLEY, FRANKLIN, THE TWIN CITIES, RED WING, ROCHESTER, ST PETER, AUSTIN, ALBERT LEA, OWATONNA, FARIBAULT, LEROY, NORTHFIELD, LACRESCENT, CALEDONIA, AND WABASHA CLIENTS SERVED RANGED IN AGE FROM 21 TO 95 IN THE LAST FEW YEARS WE HAVE SEEN A SIGNIFICANT INCREASE IN THE NUMBER OF REFERRALS FOR INDIVIDUALS SUFFERING FROM SEVERE AND PERSISTENT MENTAL ILLNESS WHICH INCLUDES SCHIZOPHRENIA, BIPOLAR AND/OR SEVERE DEPRESSION DURING THIS FISCAL YEAR WE SERVED TWO CLIENTS UNDER CIVIL COMMITMENT WHO WERE BEING CARED FOR IN A SECURED/LOCKED HOSPITAL SETTING, SEVEN CLIENTS EXPERIENCED MENTAL HEALTH CRISES AND WERE HOSPITALIZED ON SECURE/LOCKED BEHAVIORAL UNITS, FOUR SPENT AT LEAST ONE NIGHT IN JAIL, ONE WAS SENT TO A TREATMENT CENTER FOR ALCOHOL DETOXIFICATION ON THREE SEPARATE OCCASIONS, AND ONE WAS HOSPITALIZED IN A SPECIALIZED INPATIENT TREATMENT CENTER FOR SEVERE EATING DISORDERS WE ALSO SERVED FOURTEEN CLIENTS WHO OCCUPIED MEDICAL BEDS, INCLUDING THE INTENSIVE CARE UNIT, FOR AT LEAST ONE NIGHT FOR TREATMENT OF A MEDICAL CONDITION WE WENT COMPLETELY LIVE WITH THE EMS (ESTATE MANAGEMENT SYSTEMS) SOFTWARE SYSTEM ON JULY 1, 2015 THIS HAS ALLOWED US TO INTEGRATE ALL THE FEATURES (WORD, EXCEL, ACCESS) WE WERE FORMALLY UTILIZING INTO A SINGLE APPLICATION THIS HAS ENABLED US TO BECOME MUCH MORE EFFICIENT WITH THE STEADY GROWTH OF OUR CLIENT CASELOAD THE SOFTWARE SYSTEM ALLOWED US TO GO MOBILE WITH THE USE OF IPADS THE IPADS HAVE ALLOWED US TO ACCESS SECURE CLIENT INFORMATION WHILE ON CALL 24/7 THE IPADS HAVE ALSO GIVEN US THE ABILITY TO CAPTURE VITAL DETAILS ABOUT OUR CLIENTS WHILE ATTENDING MEETINGS AND MEDICAL APPOINTMENTS THAT WE MAY OTHERWISE MISS BY WAITING TO COMPLETE CASE NOTES UPON RETURN TO THE OFFICE HERE IS A PARTICULARLY SATISFYING SUCCESS STORY WITHIN OUR PROGRAM DURING THE LAST FISCAL YEAR WE SUCCEEDED THE PARENTS OF A YOUNG WOMAN IN HER LATE TWENTIES AS BOTH HER GUARDIAN AND CONSERVATOR THE RELATIONSHIP BETWEEN OUR CLIENT AND HER PARENTS HAD BECOME VOLATILE AND UNMANAGEABLE DUE TO THE FACT THAT THE YOUNG WOMAN WAS QUITE OPPOSITIONAL AND DEFIANT AND DID NOT RESPOND WELL TO THE REALITY THAT HER PARENTS WERE HER LEGAL DECISION MAKER SHE WAS OFTEN TAKEN ADVANTAGE OF FINANCIALLY BY FRIENDS THE YOUNG LADY SUBSEQUENTLY RECEIVED AN EVICTION NOTICE DUE TO HAVING TOO MANY FRIENDS CONTINUALLY SPEND THE NIGHT AT HER APARTMENT WHEN WE WERE APPOINTED HER SUCCESSOR GUARDIAN AND CONSERVATOR, WE TOO, WERE MET WITH MUCH RESISTANCE THERE WERE TEARS AND ANGER DURING OUR FIRST FEW MEETINGS WITH HER, AND THE TENSION BETWEEN HER AND HER PARENTS WAS PALPABLE THE YOUNG LADY REFUSED TO ENTERTAIN THE IDEA OF MOVING INTO A DIFFERENT APARTMENT IN A NEW LOCATION DESPITE THE EVICTION NOTICE HER ATTENDANCE AT THE SHELTERED WORK SHOP SHE WAS EMPLOYED AT WAS SO POOR THAT THE WORK CENTER THREATENED TO DISCHARGE HER DUE TO THE BURDEN HER ABSENCES PUT ON THE OTHER CONSUMERS WHO WERE NEEDED TO COVER HER COMMUNITY JOB PLACEMENTS THE YOUNG LADY LACKED MOTIVATION TO CLEAN HER APARTMENT AND TO KEEP IT CLEAN FAST FORWARD EIGHTEEN MONTHS OUR GAL HAS BEEN LIVING IN HER NEW APARTMENT FOR OVER FIFTEEN MONTHS SHE FOLLOWS THE RULES AT HER APARTMENT COMPLEX SHE NO LONGER NEEDS THE SUPPORT FROM AN OUTSIDE AGENCY TO MOTIVATE HER TO KEEP HER APARTMENT CLEAN AND TAKES GREAT PRIDE IN KEEPING IT NEAT AND TIDY ON HER OWN SHE CONSISTENTLY WORKS FIVE DAYS A WEEK AND IS VERY PROUD OF THE EXTRA INCOME SHE EARNS AND GETS EXCITED WHEN SHE IS ABLE TO PURCHASE NEW FURNITURE OR HOUSEHOLD ITEMS FOR HER APARTMENT SHE BUDGETS ENOUGH MONEY MONTHLY TO PROPERLY CARE FOR HER CAT, WHICH ALSO BRINGS HER GREAT PRIDE AND JOY WHAT'S ESPECIALLY SATISFYING AS HER GUARDIAN IS THE FACT THAT SHE AND HER PARENTS NOW SHARE A BEAUTIFUL AND FULFILLING RELATIONSHIP THEY GET TOGETHER OFTEN AND HAVE TAKEN DAY TRIPS TOGETHER AS A FAMILY MUCH OF THIS YOUNG GAL'S SUCCESS CAN BE ATTRIBUTED TO THE FACT THAT SHE HAS A PROFESSIONAL GUARDIAN TO LOOK OUT FOR HER AND GUIDE HER HER PARENTS NO LONGER HAVE TO MAKE THE TOUGH DECISIONS THAT A LEGAL GUARDIAN IS EXPECTED AND REQUIRED TO MAKE THEY ARE HAPPY TO BE JUST PARENTS AGAIN AND OUR YOUNG LADY IS HAPPY TO JUST BE THE DAUGHTER WITHOUT THE PRESSURE OF THOSE TOUGH SITUATIONS WE SEE THIS TYPE OF SUCCESS STORY IN MANY OF THE SITUATIONS IN WHICH WE SUCCEED A FAMILY MEMBER WITH OUR APPOINTMENT IN THE LAST FISCAL YEAR WE SUCCEEDED FIVE FAMILIES WHO HAD BEEN SERVING AS GUARDIANS AND/OR CONSERVATORS WITH SIMILAR SUCCESS WE LOOK FORWARD TO THE CONTINUED GROWTH OF THE GUARDIAN/CONSERVATOR PROGRAM WE THRIVE ON THE DAY TO DAY CHALLENGES AND ARE HAPPY TO ADVOCATE ON BEHALF OF THE CLIENTS WE ARE SO PRIVILEGED TO SERVE LOOKING TO THE FUTURE WE CONTINUE TO RECEIVE REFERRALS ON A CONSISTENT BASIS BUT ARE CURRENTLY STRETCHED RATHER THIN WITH OUR CURRENT CASELOAD MY DESIRE WOULD BE TO HIRE AN ADDITIONAL FULL-TIME CASE WORKER AND A PART-TIME ADMINISTRATIVE ASSISTANT AND ELIMINATE THE CASE AIDE POSITION ALTOGETHER IN THE LAST SEVERAL YEARS ALL NEWLY HIRED CASE AIDES HAVE ADVANCED QUICKLY INTO THE CASEWORKER ROLE, USUALLY WELL WITHIN THE FIRST YEAR THIS TREND CONTINUES TO DATE WITH THE TWO CASE AIDES WHO WERE HIRED LAST OCTOBER AND IN JANUARY WE CONTINUE TO HAVE A DESIRE TO DEVELOP A RELATIONSHIP WITH OLMSTED COUNTY AND PURSE A POSSIBLE CONTRACT WITH THEIR HUMAN SERVICES DIVISION PARISH SOCIAL MINISTRY THE PARISH SOCIAL MINISTRY PROGRAM OF CATHOLIC CHARITIES (PSM) EXISTS TO HELP PARISHES IN THE DIOCESE OF WINONA LIVE OUT THE PRECEPTS OF CATHOLIC SOCIAL TEACHING THE PROGRAM PROVIDES LEADERSHIP, EDUCATION, GUIDANCE, AND SERVICE TO THE PEOPLE AND INSTITUTIONS OF OUR DIOCESAN CHURCH IN THEIR TASK OF BRINGING THE CHURCH'S SOCIAL MISSION TO LIFE IN ADDITION, WE SERVE IN THE WIDER COMMUNITY AS WE WORK WITH OTHER CHURCHES AND AGENCIES TO CREATE MORE EFFECTIVE WAYS OF SERVING AND EMPOWERING THOSE IN NEED OUR OFFICE ALSO DIRECTS THE WORK OF THE CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT (CCHD), CATHOLIC RELIEF SERVICES (CRS), AND CATHOLIC RURAL LIFE IN THE DIOCESE OF WINONA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027326

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC

Employer identification number
41-0721636

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 11, 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 or 990-EZ))

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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 1

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) DIOCESE WINONA	410694754			No	0	0
Total1					0	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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 ▶ ☐

b **33 1/3% support test—2014.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 ▶ ☐

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 ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of 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? *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*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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 **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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PAGE 4, SECTION A, LINE 1	THE PURPOSE OF THE ORGANIZATION IS TO INTEGRATE AND COORDINATE ALL THE CHARITABLE WORK OF THE DIOCESE OF WINONA

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A , PAGE 5 SECTION C, LINE 1	THE BISHOP OF THE DIOCESE OF WINONA SERVES AS THE EX OFFICIO PRESIDENT OF THE CORPORATION THE BISHOP APPROVES ALL CONVEYANCES, ASSIGNMENTS AND CONTRACTS MADE BY THE CORPORTION, AP POINTS ALL BOARD MEMBERS, APPROVES THE ANNUAL BUDGET AND ALL FUND-RAISING PLANS OF THE COR PORATION, APPROVES ALL EMPLOYMENT ACTIONS CONCERNING THE EXECUTIVE DIRECTOR, AND APPROVES NEW PROGRAMS OR TERMINATION OF PROGRAMS, APPROVES CHANGES TO CORPORATE ARTICLES AND BYLAWS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027326

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.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC	41-0721636

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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e g , recreation or education)
☐ Preservation of an 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 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	3,937,510
d Additions during the year	1d	3,486,389
e Distributions during the year	1e	3,809,580
f Ending balance	1f	3,614,319

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	276,958	276,958	276,958	276,958	276,958
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	276,958	276,958	276,958	276,958	276,958

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

- a Board designated or quasi-endowment ▶ 99 500 %
- b Permanent endowment ▶ 0 500 %
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		64,188		64,188
b Buildings		387,012	93,969	293,043
c Leasehold improvements		15,773	14,729	1,044
d Equipment		138,728	114,847	23,881
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				382,156

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		
(3) Other		
(A) CUIT BALANCED FUND	374,081	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	374,081	

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
Total. *(Column (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
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
Federal income taxes	
ADVANCE FROM USCCB	7,700
ASSETS HELD FOR CC FOUNDATION	86,148
ACCRUED LOSS FROM LITIGATION CLAIMS	300,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	393,848

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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	2,593,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,843		
b	Donated services and use of facilities	2b	10,450		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	4,607
3	Subtract line **2e** from line **1**			3	2,588,481
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	2,588,481

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	2,624,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	10,450		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	10,450
3	Subtract line **2e** from line **1**			3	2,614,313
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,614,313

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-0721636
Name: CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CATHOLIC CHARITIES IS COURT APPOINTED TO TAKE CHARGE OF A CLIENT'S ASSETS INVENTORY IS TA KEN OF ALL ASSETS AND REPORTED TO THE COURT NEW CHECKING ACCOUNTS ARE CREATED IN THE CLIE NT'S NAME AND CREDIT AND DEBIT CARDS ARE CANCELLED INCOME IS DEPOSITED IN THE CLIENT'S AC COUNT AND FUNDS ARE DISBURSED FROM THE ACCOUNT TO PAY CLIENT BILLS AND PROVIDE THE CLIENT WITH SPENDING MONEY THE NEW ACCOUNTS CAN ONLY BE USED FOR TRANSACTIONS BY AUTHORIZED CATH OLIC CHARITIES STAFF CLIENTS MAY NOT COMMIT TO LARGE EXPENSES WITHOUT PRIOR PERMISSION AN D MAY NOT SIGN CONTRACTS THAT OBLIGATE THEM TO PAYMENTS CATHOLIC CHARITIES INVESTS MONIES WHEN APPROPRIATE TO MAXIMIZE THE RETURN OF INTEREST FOR THE CLIENT WITH COURT APPROVAL, WE SELL CLIENT PROPERTY AND ASSETS CATHOLIC CHARITIES FILES AN ANNUAL ACCOUNTING OF ALL A SSETS, INCOME AND EXPENSES FOR EACH CLIENT THE COURT REVIEWS AND APPROVES THE ANNUAL REPO RT OTHER ACTIVITIES PROVIDED TO THE CLIENTS BY THE CONSERVATORSHIP PROGRAM STAFF ARE APP LY FOR MEDICAL ASSISTANCE, HELP WITH SHOPPING, MAINTAIN REAL ESTATE AND VEHICLES, COORDINA TE WITH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM VOLUNTEERS TO PREPARE CLIENT TAX RETUR NS, AND ESTABLISH IRREVOCABLE BURIAL TRUSTS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	RESERVES SET ASIDE FOR FUTURE NEEDS AND TO PROVIDE INVESTMENT INCOME TO HELP DEFRAY COSTS OF OPERATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027326

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC

Employer identification number
41-0721636

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

(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
(1) ST FRANCIS OF ASSISSI 1114 3RD STREET ROCHESTER,MN 559047209	41-0694749	501(C)(3)	9,800				PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO THOSE IN NEED

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

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

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 non-cash assistance
(1) THE REFUGEE RESETTLEMENT PROGRAM PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES THIS ASSISTANCE INCLUDED HOUSING, FOOD, BUS TRANSPORTATION, UTILITIES, HOUSEHOLD ITEMS, AND BABY ITEMS	192	253,583			
(2) THE PREGNANCY, PARENTING, AND ADOPTION PROGRAMS PROVIDE DIRECT ASSISTANCE TO EXPECTING MOTHERS AND TO FAMILIES OF YOUNG CHILDREN THIS INCLUDED HOUSING, EDUCATIONAL, AND UTILITY ASSISTANCE	168	46,866			
(3) THE MEDICATION APPLICATION SERVICE (MEDIAPPS) PROGRAM PROVIDED UNINSURED PERSONS WITH PRESCRIPTIONS, EYE GLASSES, MEDICAL DEVICES, AND MEDICAL SUPPLIES	123	28,190			
THE PARISH SOCIAL MINISTRY PROGRAM PROVIDED EMERGENCY ASSISTANCE WITH PRESCRIPTIONS, (4) HOUSING, AND UTILITIES	8	1,722			
(5) GUARDIAN/CONSERVATOR PROVIDED MEALS FOR CLIENTS	6	52			

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

Return Reference	Explanation
PART I, LINE 2	CRITERIA FOR GRANT ASSISTANCE ARE DETERMINED AT THE PROGRAM LEVEL AFTER ELIGIBILITY VERIFICATION, A DISBURSEMENT REQUEST IS COMPLETED AND ROUTED TO THE PROGRAM DIRECTOR FOR SIGNATURE APPROVAL THE APPROVED REQUEST IS SENT TO THE ACCOUNTS PAYABLE DEPARTMENT FOR PAYMENT CHECK DISBURSEMENT DOCUMENTATION FOR EACH REQUEST IS MAINTAINED IN THE ACCOUNTING DEPARTMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027326

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC	41-0721636

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	POST ADOPTION SERVICE POST ADOPTION SERVICES ARE PROVIDED TO ADOPTED ADULT INDIVIDUALS, BI RTHPARENTS, ADOPTIVE PARENTS OF MINOR CHILDREN, AND SIBLINGS, WHO MAY CHOOSE TO ENGAGE IN A POST ADOPTION PROCESS WITH THE AGENCY THAT IS THE CARETAKER OF THE PERMANENT ADOPTION RE CORDS SINCE CATHOLIC CHARITIES HAS BEEN PLACING CHILDREN IN ADOPTIVE HOMES FOR 73 YEARS W E HAVE MANY PERMANENT ADOPTION RECORDS AND HAVE AN ARCHIVE LOCATION AT OUR WINONA OFFICE W HERE THEY ARE STORED WE PROVIDE A FULL COMPLEMENT OF POST ADOPTION SERVICES TO THOSE MAKI NG INQUIRIES THE PROCESS MAY INCLUDE A REQUEST FOR MEDICAL OR BACKGROUND INFORMATION OR A N ACTUAL SEARCH FOR CONTACT FEES ARE CHARGED ASSISTANCE AND COUNSELING IS OFFERED TO ALL WHO COME LOOKING FOR SERVICES WHILE SOME INDIVIDUALS HAVE A DESIRE TO SEARCH OTHERS MAY NOT HAVE ANY INTEREST THE REQUEST FOR SERVICE IS UNIQUE TO THE PERSON MAKING THE INQUIRY CATHOLIC CHARITIES ADHERES TO MINNESOTA STATUTES AND RULES REGARDING POST ADOPTION SEARCH AND RECORDS WE ARE COMMITTED TO PROVIDING INFORMATION AND GUIDANCE IN THE POST ADOPTION JOURNEY DURING THIS REPORTING CYCLE, 303 PEOPLE RECEIVED POST ADOPTION SERVICES WHICH INC LUDED INTERMEDIARY EXCHANGES BETWEEN BIRTHPARENTS AND ADOPTIVE PARENTS PREGNANCY, PARENTI NG AND ADOPTION CATHOLIC CHARITIES BELIEVES IN CARING FOR THE GIFT OF LIFE AND PROVIDES PO SITIVE ALTERNATIVES TO ABORTION WE HAVE BEEN PROVIDING SERVICES TO PREGNANT AND PARENTING WOMEN FOR 73 YEARS SUPPORT AND ASSISTANCE IS PROVIDED AT NO COST TO HELP WOMEN, MEN, AND THEIR FAMILIES TO CHOOSE LIFE FOR THEIR EXPECTED BABY AND TO CARE FOR THEIR BABIES AFTER BIRTH ALL OF THE SERVICES ARE PROVIDED IN THE CONTEXT OF CATHOLIC SOCIAL TEACHING AND SUP PORT THE SANCTITY OF HUMAN LIFE FROM THE MOMENT OF CONCEPTION TO THE MOMENT OF NATURAL DEA TH A PREGNANCY INFORMATION LINE IS STAFFED BY AGENCY SOCIAL WORKERS 24 HOURS A DAY, 365 D AYS A YEAR OFTEN A PERSON MAY THINK THEY ONLY HAVE ONE ALTERNATIVE -ABORTION- BUT WHEN TH EY CALL OUR PREGNANCY INFORMATION LINE THEY LEARN ABOUT VIABLE ALTERNATIVES TO ABORTION T HEY LEARN THEY ARE NOT ALONE AND THAT WE WILL HELP THEM EVERY STEP OF THE WAY OUR SOCIAL WORK STAFF HAS AN IN-PERSON CONTACT WITH THE CALLER WITHIN 48 HOURS OF THE CALL AND WE GO OUT TO THOSE IN NEED OF SERVICE TO TAKE AWAY BARRIERS TO SERVICE. WE ARE RESPONSIVE AND AC CESSIBLE AND ADVOCATE FOR ALL WHO NEED SUPPORT PERSONS FACED WITH AN UNPLANNED PREGNANCY RECEIVE THE SUPPORT NEEDED TO SELF DETERMINE WHAT WILL BE THE BEST PLAN FOR THEIR BABY IF THE BIRTHPARENT CHOOSES TO MAKE AN ADOPTION PLAN FOR THEIR CHILD, CATHOLIC CHARITIES OFFE RS ADOPTIVE FAMILIES WHO HAVE AN APPROVED ADOPTION STUDY AND ARE READY TO ACCEPT A CHILD I NTO THEIR HOME. IF THE BIRTHPARENT CHOOSES TO PARENT THEIR CHILD, CATHOLIC CHARITIES WILL PROVIDE SUPPORT AND HELP TO MAKE A PARENTING PLAN OUR INITIATIVES INCLUDE IMPROVING FAMIL Y STABILITY AND SELF SUFFICIENCY THROUGH THE PROVISION OF EDUCATION FINANCIAL LITERACY ED UCATION AND SAFE SLEEP EDUCATI

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	ON IS PROVIDED TO ALL CLIENTS WHO ARE MAKING A PARENTING PLAN FOR THEIR CHILD A NURTURING HEALTHY FAMILIES PROGRAM SERVICE IS OFFERED MONTHLY TO PROMOTE POSITIVE PARENTING SINCE 2006 CATHOLIC CHARITIES HAS BEEN THE RECIPIENT OF A POSITIVE ALTERNATIVES GRANT THROUGH TH E MINNESOTA DEPARTMENT OF HEALTH OUR PROGRAM SERVICES CLEARLY SUPPORT THE GOALS OF THE GR ANT WHICH ARE TO ENCOURAGE AND ASSIST WOMEN IN CARRYING THEIR PREGNANCIES TO TERM, IN CARI NG FOR THEIR BABIES AFTER BIRTH, AND TO PROVIDE ACCURATE INFORMATION ON, REFERRAL TO, AND ASSISTANCE WITH SECURING NECESSARY SERVICES DURING THIS REPORTING CYCLE, 1,018 PEOPLE REC EIVED PREGNANCY, PARENTING AND ADOPTION SERVICES HERE ARE QUOTES FROM BIRTHPARENTS THAT M ADE AN ADOPTION PLAN FOR THEIR CHILD "I HAVE CHOSEN TO SHARE MY EXPERIENCE ABOUT ADOPTION AND MY LIFE AND WHAT CATHOLIC CHARITIES HAS DONE FOR ME IT WAS HARD TO GIVE UP OUR LITTL E GIRL THAT WE LOVED SO MUCH, BUT SHE IS IN BETTER HANDS CATHOLIC CHARITIES HAS ALWAYS BE EN GOOD AND TRUSTING TO US , "I WAS VERY YOUNG BEING PREGNANT WITH MY SECOND CHILD AND WAS STRUGGLING BEING A FULL TIME SINGLE MOTHER IN COLLEGE WITH LIMITED INCOME SOMETIMES IT W AS VERY DIFFICULT MAKING ENDS MEET I DID NOT WANT TO BRING A BABY INTO THE WORLD AND STRU GGLE TO RAISE IT I FOUND CATHOLIC CHARITIES AND THEY WELCOMED ME WITH OPEN ARMS I FOUND A WONDERFUL COUPLE THAT COULD NOT HAVE CHILDREN I FELT SO COMFORTABLE AND SECURE WITH THE M AND KNEW THEY WOULD TAKE WONDERFUL CARE OF MY BABY THEY WERE WITH ME DURING LABOR WHICH WAS VERY COMFORTING I DO HAVE REGRETS, BUT KNOWING MY BABY IS WITH A WONDERFUL FAMILY MA KES ME FEEL BETTER, BUT IT STILL HURTS FROM TIME TO TIME, "CATHOLIC CHARITIES PROVIDED ME WITH A PLACE TO COME AND TALK ABOUT MY FEELINGS AND THOUGHTS THEY HELPED ME WITH EVERY A SPECT OF MY PREGNANCY AND ADOPTION , "THE ADOPTION EXPERIENCE CHANGED MY LIFE BY TEACHING ME THAT I NEED TO LEARN TO RELY ON OTHERS MORE I HAVE REALIZED THAT IT IS OK TO NEED HELP AND SUPPORT, EVEN A SHOULDER TO CRY ON MY PLANS FOR THE FUTURE INVOLVE GRADUATING FROM C OLLEGE AND GOING TO GRADUATE SCHOOL , "I JUST WANTED TO THANK YOU FOR GIVING ME THE OPPORT UNITY TO HELP OUT WITH YOUR ADOPTION PROGRAM I CANNOT EXPLAIN WHAT WORKING WITH YOU HAS D ONE FOR MY HEALING PROCESS SHARING MY STORY HAS LET ME FEEL PROUD FOR WHAT I'VE DONE INST EAD OF HIDING IT (WHICH IS WHAT I DID FOR SO LONG) " ONWARD AND UPWARD DURING THIS YEAR WE RAISED FUNDS TO BEGIN OUR ONWARD AND UPWARD INITIATIVE THE INITIATIVE, WHICH WILL BEGIN OPERATION IN THE FALL OF 2016, WILL HELP LOW INCOME SINGLE PARENTS OF YOUNG CHILDREN AND E XPECTING SINGLE PARENTS COMPLETE THEIR EDUCATION IN THE NURSING FIELD FROM ROCHESTER COMMU NITY AND TECHNICAL COLLEGE (RCTC) BEYOND THE EDUCATIONAL ACHIEVEMENTS, ONWARD AND UPWARD WILL HELP PARTICIPANTS SECURE EMPLOYMENT AND BEGIN EARNING, FOR THE FIRST TIME EVER, A LIV ABLE WAGE THIS WILL PROPEL THESE YOUNG FAMILIES TO BREAK THE CYCLE OF POVERTY BY FOSTERIN G FINANCIAL STABILITY AND SELF

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	-SUFFICIENCY ONWARD AND UPWARD REPRESENTS A HIGH COMMITMENT/HIGH REWARD APPROACH TO HELPI NG YOUNG FAMILIES ESCAPE POVERTY FOR THE LONG RUN BECAUSE OF THIS, THE TWELVE APPLICANTS ACCEPTED INTO THE PROGRAM WILL BE CAREFULLY ASSESSED OUR LICENSED SOCIAL WORKERS WILL COM PREHENSIVELY ASSESS APPLICANTS ACROSS FIFTEEN CATEGORIES COVERING EVERYTHING FROM HOUSING TO TRANSPORTATION TO CHILD CARE. THIS ASSESSMENT WILL CAREFULLY CONSIDER THE NEEDS OF BOTH THE MOM AND THE CHILD OR CHILDREN RECENT RESEARCH INDICATES THAT A TWO GENERATION APPROA CH GREATLY ENHANCES THE PROBABILITY OF ACHIEVING POSITIVE OUTCOMES IN THE PROCESS OF COND UCTING THIS ASSESSMENT OUR LICENSED SOCIAL WORKERS WI MOTHER CHILD ASSISTANCE FUND WE KNOW LIFE IS A GIFT FROM GOD AND WE ALSO KNOW THAT THIS GIFT CAN COME WHEN LIFE IS FULL OF CHA LLENGES THE MOTHER CHILD ASSISTANCE FUND HELPS WOMEN TO CARRY THEIR BABY TO TERM AND HELP S WOMEN WITH BABIES BY PROVIDING THE DIRECT SUPPORT THEY NEED TO WORK THROUGH DIFFICULTIES THEY ARE FACING FINANCIAL ASSISTANCE IS AVAILABLE FOR RENT, UTILITIES, MEDICAL EXPENSES, AND CHILD CARE, OR OTHER NECESSITIES EACH OCTOBER, WHICH IS RESPECT LIFE MONTH, A BABY B OTTLE CAMPAIGN IS HELD TO SUPPORT THE FUND WITH JUST A SIMPLE BABY BOTTLE TO COLLECT COIN S WITHIN THE HOMES OF CATHOLICS ACROSS OUR DIOCESE, $57,800 WAS RAISED DURING THIS REPORT ING CYCLE 139 WOMEN RECEIVED FINANCIAL ASSISTANCE. THE TYPICAL AMOUNT OF ASSISTANCE PROVID ED RANGED FROM $350 - $400 THIS HAS BEEN A WONDERFUL COLLABORATION BETWEEN CATHOLIC CHARI TIES AND THE DIOCESE OF WINONA THE MOTHER AND CHILD ASSISTANCE FUND COMPLETED ITS 9TH YEA R DURING THIS REPORTING CYCLE. QUOTES FROM RECIPIENTS OF THE FUND "I RECENTLY HAD A BABY I AM THE ONLY ONE SUPPORTING THE HOUSEHOLD MY CHECK IS NOT SUFFICIENT TO COVER ALL OF TH E EXPENSES I AM WORRIED ABOUT MEETING THE RENT PAYMENT THE ASSISTANCE WOULD BE GREATLY A PPRECIATED , "THIS IS WONDERFUL ASSISTANCE THAT HAS HELPED US A LOT OUR SITUATION IS SIMI LAR TO WHAT A LOT OF PEOPLE ARE EXPERIENCING (LAY OFFS) I CONSIDER US TO BE LUCKY AND BLES SED TO HAVE PEOPLE HELP US IN DIFFICULT TIMES , THE ASSISTANCE WILL HELP US GREATLY WITH O UR LIVING SITUATION AND WILL BENEFIT THE WELFARE OF OUR CHILD WHICH IS OUR MAIN CONCERN, T O HAVE A ROOF OVER OUR HEAD AND FOOD IN OUR STOMACHS , "I AM CURRENTLY PREGNANT WITH MY 2N D CHILD AND THE FATHER OF MY CHILD HAS NOT HELPED US AT ALL WITH OUR FINANCIAL DIFFICULTIE S THIS CHARITY IS MY LAST HOPE TO KEEP US IN OUR HOME. RAISING 2 CHILDREN BY ME IS TOUGH ENOUGH BUT THIS ASSISTANCE WILL HELP OUT SO MUCH , "THE MOTHER CHILD ASSISTANCE FUND WILL HELP ME GET CAUGHT UP ON MY RENT SO I WILL NOT GET EVICTED AND BE ABLE TO RAISE MY BABY IN A STABLE ENVIRONMENT , "WHEN I AM TRYING TO DO ALL OF THE RIGHT THINGS FOR MYSELF AND MY CHILD, SOMETIMES I NEED EXTRA HELP THAT I CAN'T GIVE MYSELF THE MOTHER CHILD FUND CAN HEL P ME TO STAY ON TRACK , "THE MOTHER C

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4D	PARISH SOCIAL MINISTRY - CONTINUED THROUGHOUT THE SCRIPTURES WE ARE REMINDED THAT THE MERC Y OF GOD THE FATHER AND THE LOVE OF JESUS CHRIST CALL US TO SERVE THE WEAKEST AMONG US AND TO TAKE CARE OF GOD'S CREATION WE ARE ALL INSPIRED BY POPE FRANCIS' RENEWED EMPHASIS ON SOCIAL JUSTICE, AND MANY PARISHES ARE DOING WONDERFUL WORKS OF JUSTICE AND SERVICE UNFORT UNATELY, THESE EFFORTS ARE OFTEN ON THE SIDELINES OF PARISH LIFE AND ARE FREQUENTLY DIFFIC ULT TO BEGIN AND TO SUSTAIN IN OUR COMMUNITIES IN OUR PARISHES, WE OFTEN FEEL THAT WE DON 'T HAVE THE RESOURCES TO IDENTIFY AND MEET THE NEEDS OF THE POOR IT CAN BE OVERWHELMING, WE SIMPLY DON'T KNOW WHERE TO START POPE BENEDICT XVI WROTE THAT "LOVE (CHARITY) NEEDS TO BE ORGANIZED IF IT IS TO BE AN ORDERED SERVICE TO THE COMMUNITY " PARISH SOCIAL MINISTRY HELPS PARISHES TO ORGANIZE LOVE ORGANIZING LOVE" DOESN'T MEAN THAT A PARISH NEEDS TO STAR T A BIG, NEW CHARITY PROGRAM-FAR FROM IT! RATHER, IT MEANS SYSTEMATICALLY HELPING PARISHES TO IDENTIFY WHAT IS ALREADY BEING DONE IN THE PARISH AND COMMUNITY, TYING THIS WORK DIREC TLY TO THE LOVE OF CHRIST, AND HELPING THE PARISH IN ITS CONTINUING MISSION TO FORM DISCIP LES OF CHRIST IN FY 2016 THE PARISH SOCIAL MINISTRY PROGRAM STAFF WAS EXPANDED WITH THE A DDITION OF A PARISH SOCIAL MINISTRY COORDINATOR IN THE WORTHINGTON DEANERY THE ADMINISTRA TOR'S POSITION WAS CHANGED TO "DIRECTOR AND PSM NOW HAS A SEAT ON THE CATHOLIC CHARITIES M ANAGEMENT TEAM THE DIRECTOR AND THE COORDINATOR WORK TOGETHER USING THE TOOLS OF EDUCATIO N, ORGANIZING, AND ADVOCACY PSM HAS PROVIDED EDUCATIONAL MATERIALS AND PROGRAMMING TO PAR ISHES, HELPED PARISHES TO ORGANIZE SOCIAL JUSTICE COMMITTEES AND SOCIAL ACTION EVENTS, AND WORKED WITH THE MINNESOTA CATHOLIC CONFERENCE (MCC) IN ORGANIZING PARISHES FOR SOCIAL ADV OCACY - ALLOWING THE CATHOLIC VOICE TO BE HEARD IN THE STATE AND NATIONAL LEGISLATURES ME DIAPPS PROGRAM (MEDICAL APPLICATION SERVICE) THE MEDIAPPS PROGRAM AT CATHOLIC CHARITIES OF THE DIOCESE OF WINONA CONTINUES TO REMAIN A VITAL PROGRAM WITHIN THE WINONA AREA DESPITE THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA), CLIENTS IN THE WINONA AREA STILL STR UGGLE WITH THE COST OF PRESCRIPTION MEDICATION MONTHLY HEALTH INSURANCE PREMIUMS AND HIGH ANNUAL HEALTH INSURANCE DEDUCTIBLES CHALLENGE THE BUDGETS OF MANY FAMILIES MOST HEALTH I NSURANCE PLANS HAVE AN ANNUAL DEDUCTIBLE THAT INCLUDES MEDICAL CARE AS WELL AS PRESCRIPTIO N DRUGS THIS ANNUAL DEDUCTIBLE CAN BE $3,000 TO OVER $6,000 PER PERSON WHILE HEALTH INSU RANCE PROVIDES A COST-SAVINGS WITH INSURANCE COMPANY CONTRACT PRICING, A CLIENT DOES NOT T RULY REAP THE REWARDS OF THEIR HEALTH INSURANCE PLAN UNTIL THE ANNUAL DEDUCTIBLE HAS BEEN MET HIGH DEDUCTIBLES HAVE RESULTED IN CLIENTS HAVING OUTSTANDING MEDICAL DEBT WITH THE HE ALTHCARE FACILITIES OUTSTANDING MEDICAL DEBT IS A COMMON TOPIC OF CONVERSATION DURING A M EETING WITH THE MEDIAPPS CASEWORKER OFTEN TIMES, CLIENTS ARE ELIGIBLE TO APPLY FOR FINANC IAL ASSISTANCE THROUGH THE HEA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4D	LTHCARE FACILITY THE MEDIAPPS CASEWORKER WILL HELP THE CLIENT COMPLETE THE FINANCIAL ASSI STANCE APPLICATION AND HELP THE CLIENT GATHER THE SUPPORTING DOCUMENTATION REQUIRED ON THE ASSISTANCE APPLICATION APPROVAL WITH A FINANCIAL ASSISTANCE APPLICATION AT A HEALTHCARE FACILITY CAN RESULT IN A REDUCTION OR A COMPLETE FORGIVENESS OF THE OVERALL MEDICAL DEBT WITH THE INTRODUCTION OF THE ACA, THE APPLICATION PROCESS FOR MEDICAL ASSISTANCE AND MINNE SOTACARE HAS CHANGED FROM A PAPER APPLICATION TO AN ONLINE APPLICATION THROUGH THE MNSURE WEBSITE THE NEW ONLINE APPLICATION PROCESS CAN BE A HARDSHIP FOR THOSE WHO ARE MENTALLY I MPAIRED, COMPUTER ILLITERATE, OR WHO LACK ACCESS TO A COMPUTER THE MEDIAPPS PROGRAM CONTI NUES TO ASSIST CLIENTS IN THE COMPLETION OF THE ONLINE APPLICATION IF NEEDED WHEN HEALTH INSURANCE COVERAGE HAS BEEN TERMINATED OR IS PENDING, THE NEED FOR MEDICAL SERVICES AND PR ESCRIPTION MEDICATION CONTINUES A PERSON WITHOUT HEALTH INSURANCE COVERAGE CAN VISIT THE EMERGENCY ROOM FOR IMMEDIATE MEDICAL CARE WITHOUT IMMEDIATE PAY MENT HOWEVER, THAT SAME PE RSON CANNOT VISIT A PHARMACY AND OBTAIN MEDICATION WITHOUT A FORM OF PAYMENT IF THE UNINS URED OR UNDER-INSURED PERSON CHOOSES TO GO WITHOUT THE MEDICATION, THE PERSON'S LIFE CAN Q UICKLY SPIRAL OUT OF CONTROL THE LACK OF MEDICATION CAN LEAD TO A LIFE-THREATENING SITUAT ION AND ADDITIONAL MEDICAL BILLS, PARTICULARLY WHEN AN AMBULANCE RIDE OR AN EMERGENCY ROOM VISIT IS REQUIRED MEDIAPPS ADDRESSES BOTH THE IMMEDIATE AND LONG TERM NEEDS OF ITS LOW I NCOME CLIENTS THE IMMEDIATE NEEDS ARE ADDRESSED THROUGH A DONOR DIRECTED GRANT FROM THE W INONA COMMUNITY FOUNDATION (WCF) BY UTILIZING THE FUNDING FROM THE WCF, MEDIAPPS HELPS LO W INCOME UNINSURED PEOPLE PURCHASE MEDICATIONS OR MEDICAL DEVICES ON AN EMERGENCY BASIS AN D HELPS LOW INCOME INSURED PEOPLE PURCHASE MEDICATIONS OR MEDICAL DEVICES ON A ONE-TIME BA SIS WHEN THEY ARE FACED WITH A FINANCIAL HARDSHIP MEDIAPPS ADDRESSES CLIENTS' LONG TERM N EEDS BY ACCESSING THE PATIENT ASSISTANCE PROGRAMS MADE AVAILABLE BY THE VARIOUS PHARMACEUT ICAL COMPANIES THESE PROGRAMS HELP LOW INCOME UNINSURED PEOPLE SECURE MEDICATIONS AT NO C OST MEDIAPPS WORKS WITH THE CLIENT AND THE CLIENT'S HEALTHCARE PROVIDER IN COMPLETING THE ENROLLMENT APPLICATION(S) ONCE ENROLLED, THE MEDIAPPS PROGRAM HANDLES THE REORDERING OF THE PRESCRIPTION MEDICATION AND FACILITATES ANY NEEDED CONTACT OR RE-ENROLLMENT WITH THE P HARMACEUTICAL PROGRAM MORE COMMONLY, WITH THE ONSET OF HIGH DEDUCTIBLE HEALTH INSURANCE P LANS, THESE PHARMACEUTICAL COMPANIES WILL ALSO HELP LOW INCOME INSURED PEOPLE WITH FREE ME DICATION IF THEY ARE FACING A FINANCIAL HARDSHIP FINALLY, IN ORDER TO SUSTAIN LONG-TERM S OLUTIONS TO OUR CLIENTS' MEDICATION NEEDS, MEDIAPPS SEES THAT ELIGIBLE CLIENTS ENROLL IN A ND MAINTAIN ENROLLMENT IN GOVERNMENT OR PRIVATE PROGRAMS THROUGH THE AFFORDABLE CARE ACT MEDIAPPS COMPLETES THE ONLINE APPLICATION WITH THE CLIENT AND ASSISTS THE CLIENT IN SUBMIT TING NECESSARY HOUSEHOLD AND I

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4D	NCOME DOCUMENTS TO WINONA COUNTY COMMUNITY SERVICES THE CLIENT STORY SHOWN BELOW, WRITTEN BY THE MEDIAPPS CASEWORKER, ILLUSTRATES THE PROGRAM'S GOAL OF ACHIEVING LONG-TERM SOLUTIO NS A SINGLE RETIRED WOMAN CAME TO THE MEDIAPPS PROGRAM FOR HELP WITH HER PRESCRIPTION DRU G COSTS UPON INVESTIGATION, WE FOUND THAT THE CLIENT WOULD BE ELIGIBLE FOR ASSISTANCE THR OUGH A PHARMACEUTICAL COMPANY'S PROGRAM DESPITE THE FACT THAT SHE HAD INSURANCE UPON FURT HER CONVERSATION WITH THE CLIENT, IT BECAME APPARENT THAT SHE HAD OUTSTANDING MEDICAL DEBT AT TWO HEALTHCARE FACILITIES I ASSISTED HER WITH THE COMPLETION OF THE FINANCIAL ASSISTA NCE APPLICATIONS FOR BOTH HEALTHCARE FACILITIES, WHICH RESULTED IN THE 100% REDUCTION IN H ER OUTSTANDING MEDICAL DEBT WITH BOTH HEALTHCARE FACILITIES BECAUSE OF HER INCOME LEVEL, I INQUIRED IF SHE HAD LOOKED INTO FOOD SUPPORT THROUGH THE COUNTY SHE HAD NOT LOOKED INTO THIS, SO WE COMPLETED THE APPLICATION TOGETHER, WHICH RESULTED IN $24 PER MONTH IN ASSIST ANCE THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ONE VISIT TO THE MEDIAPPS PROG RAM MADE A SIGNIFICANT DIFFERENCE IN THE FINANCIAL SITUATION FOR THIS CLIENT THE MEDIAPPS PROGRAM HELPED THIS WOMAN EASE HER FINANCIAL BURDEN, THUS, REDUCING THE STRESS RELATED TO THAT FINANCIAL BURDEN OUR IMMEDIATE-NEED BASED SERVICE IS ONLY AVAILABLE FOR RESIDENTS O F WINONA, HOUSTON OR FILLMORE COUNTIES OUR LONG-TERM SOLUTION HAS NO RESIDENCY RESTRICTIO NS IN FISCAL YEAR 2016, THE MEDIAPPS PROGRAM PROVIDED IMMEDIATE NEED EMERGENCY ASSISTANCE FOR MEDICATIONS/MEDICAL DEVICES TO 126 CLIENTS AT A COST OF $28,112 10 32 OF THE 126 CLI ENTS WENT ON TO SECURE MEDICATION THROUGH THE PATIENT ASSISTANCE PROGRAM WITHIN MEDIAPPS IN FISCAL YEAR 2016, THE MEDIAPPS PROGRAM SECURED 536 PRESCRIPTIONS VALUED AT $457,339 02 FOR 82 CLIENTS THE UNDUPLICATED NUMBER OF CLIENTS HELPED BY THE MEDIAPPS PROGRAM IN FISCA L YEAR 2016 IS 176 CLIENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BISHOP FOR THE DIOCESE OF WINONA CAN APPOINT ALL BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE FORM 990 AT ITS NOVEMBER BOARD MEETING PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS SIGN A CONFLICT OF INTERST DISCLOSURE BOARD MEMBERS ABSTAIN FROM VOTING ON ANY ISSUES TO WHICH THEY HAVE A CONFLICT AND THIS IS DOCUMENTED IN THE MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS EVALUATE PERFORMANCE AND SET THE COMPENSATION FOR THE CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT OUR BUSINESS OFFICE DURING NORMAL BUSINESS HOURS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART X LINE 25 ACCRUED LOSS FROM LITIGATION CLAIMES	THE AGENCY IS A CO-DEFENDANT IN TWO THREATENED PERSONAL INJUSRY LAWSUITS THE AGENCY PLANS TO VIGOROUSLY DEFEND THESE MATTERS THE ULTIMATE OUTCOME OF THIS LITIGATION CANNOT PRESENTLY BE DETERMINED HOWEVER, BASED ON LIMITED INFORMATION AVAILABLE AT THIS TIME, THE AGENCY PRELIMINARILY ESTIMATES THAT IT MAY INCUR COSTS ASSOCIATED WITH THESE LAWSUITS OF $300,000 AND HAS ACCRUED A LIABILITY FOR THAT AMOUNT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XI LINE 2C	THE AUDIT COMMITTEE MAKES THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR SELECTION OF THE AUDITORS THE AUDIT COMMITTEE ANNUALLY MEETS WITH THE AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII	WE WERE UNABLE TO OBTAIN COMPENSATION INFORMATION FOR MOST REVEREND JOHN QUINN AND VERY REVEREND RICHARD COLLETTI FROM THE DIOCESE OF WINONA, A RELATED ORGANIZATION THE INDIVIDUALS HAVE DECLINED PERMISSION TO HAVE THIS INFORMATION INCLUDED IN OUR FORM 990