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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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-ROCHESTER

Doing business as
CATHOLIC CHARITIES SOUTHERN MINNESOTA

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 $ 3,035,585

F Name and address of principal officer:
SHANNA HARRIS
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 ▶

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

J Website: ▶ WWW.CCSOMN.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-ROCHESTER 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 2019 (Part V, line 2a)	**5**	71
6	Total number of volunteers (estimate if necessary)	**6**	1,625
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,369,159	2,469,919
9	Program service revenue (Part VIII, line 2g)	454,711	413,657
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,788	12,763
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,133	9,976
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,846,791	2,906,315
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	245,203	243,530
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,242,578	2,461,537
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶148,301		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	691,456	630,874
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,179,237	3,335,941
19	Revenue less expenses. Subtract line 18 from line 12	-332,446	-429,626

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,725,439	2,899,831
21	Total liabilities (Part X, line 26)	239,189	788,994
22	Net assets or fund balances. Subtract line 21 from line 20	2,486,250	2,110,837

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

****** 2021-03-04
Signature of officer Date

SHANNA HARRIS 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
		2021-03-04		P00630219

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-ROCHESTER 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 $ 476,925 including grants of $) (Revenue $ 285,221)

See Additional Data

4b (Code:) (Expenses $ 304,807 including grants of $ 66,194) (Revenue $ 1,315)

See Additional Data

4c (Code:) (Expenses $ 562,382 including grants of $) (Revenue $ 2,277)

See Additional Data

(Code:) (Expenses $ 1,322,307 including grants of $ 177,337) (Revenue $ 124,844)

GUARDIAN & CONSERVATOR PROGRAMTHE GUARDIAN & CONSERVATOR PROGRAM PROVIDES A PERSON CENTERED APPROACH TO ASSIST INDIVIDUALS WHO HAVE BEEN DEEMED INCAPACITATED BY A JUDGE OF THE DISTRICT COURT. A GUARDIAN IS SOMEONE WHO HAS BEEN GIVEN LEGAL AUTHORITY BY A COURT TO MAKE SOME OR ALL PERSONAL DECISIONS FOR AN INDIVIDUAL WHO IS UNABLE TO MAKE HIS OR HER OWN DECISIONS BECAUSE OF AN INJURY, ILLNESS OR DISABILITY. A CONSERVATOR IS SOMEONE WHO HAS BEEN GIVEN LEGAL AUTHORITY BY A COURT TO MAKE DECISIONS REGARDING A PERSON'S PROPERTY AND FINANCIAL AFFAIRS.THE INDIVIDUALS WE SERVE MAY HAVE DEVELOPMENTAL DISABILITIES, SERIOUS AND PERSISTENT MENTAL ILLNESS, CHEMICAL AND/OR DRUG DEPENDENCE, PHYSICALLY FRAILTY OR IMPAIRMENT, COGNITIVE IMPAIRMENT, OR 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, ARE INDIGENT OR 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 ACCOUNTING. WE SERVED A TOTAL OF 87 INDIVIDUALS. 38 OF THOSE CLIENTS WERE UNDER BOTH GUARDIANSHIP AND CONSERVATORSHIP; 4 WERE UNDER CONSERVATORSHIP ONLY AND THE REMAINING 45 WERE UNDER GUARDIANSHIP ONLY. WE ARE CONTRACTED TO SERVE CLIENTS THROUGH FILLMORE, GOODHUE, OLMSTED, RAMSEY, STEELE AND WINONA COUNTIES. EIGHT OF OUR CLIENTS ARE PRIVATE PAY. 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 ALSO SERVED CLIENTS LIVING IN ALBERT LEA, AUSTIN, CALEDONIA, CHATFIELD, DULUTH, ELKO NEW MARKET, HARMONY, FARIBAULT, FRANKLIN, HASTINGS, KELLOGG, LAKE CITY, LA CRESCENT, LEROY, LITTLE FALLS, MARSHALL, MOORHEAD, OWATONNA, PIPESTONE, THE TWIN CITIES, RED WING, ROCHESTER, ST. PETER, AND WABASHA. WE STRIVE TO SEE OUR CLIENTS A MINIMUM OF ONCE A MONTH WITH THE EXCEPTION OF THOSE LIVING IN THE FAR REACHING AREAS OF THE STATE WHOM WE SEE TWICE A YEAR AND AS NEEDED. INDIVIDUALS SERVED RANGED IN AGE FROM 18 TO 98. WE STRIVE TO BE THE FIRST CHOICE AMONG REFERRING AGENCIES AND OUR REFERRAL SOURCE NETWORK CONTINUES TO GROW. MEDICATION APPLICATION SERVICE (MEDIAPPS) THE MISSION OF THE MEDIAPPS PROGRAM IS TO IMPROVE THE HEALTH AND WELL-BEING OF LOW-INCOME AND UNINSURED OR UNDERINSURED INDIVIDUALS IN OUR SERVICE AREA BY HELPING THEM OBTAIN NEEDED PRESCRIPTION MEDICATIONS THEY CANNOT AFFORD ON THEIR OWN. WITH SKYROCKETING MEDICATION AND INSURANCE COSTS MANY PEOPLE SIMPLY CANNOT AFFORD TO MEET THEIR DEDUCTIBLE, PAY THEIR CO-PAYS (WHICH FLUCTUATE PER THE DIRECTION OF INSURANCE COMPANIES) OR PAY THE CASH PRICE OF THEIR MEDICATIONS. AND MOST INSURANCE COMPANIES DON'T COVER MEDICAL DEVICES OR OVER-THE-COUNTER ITEMS THAT ARE PRESCRIBED BY PHYSICIANS. MEDIAPPS CONSISTS OF TWO PARTS: EMERGENCY CASH ASSISTANCE AND THE PATIENT ASSISTANCE PROGRAM. EMERGENCY CASH ASSISTANCE PROVIDES IMMEDIATE HELP TO INDIVIDUALS RESIDING IN WINONA, FILLMORE, AND HOUSTON COUNTIES. WE ASSIST INDIVIDUALS BY PAYING FOR PRESCRIPTIONS OR MEDICAL SUPPLIES THAT HAVE BEEN PRESCRIBED TO THEM BY A LICENSED PROVIDER. TO BE ELIGIBLE FOR EMERGENCY CASH ASSISTANCE A PERSON MUST HAVE A HOUSEHOLD INCOME OF 300% OR BELOW THE FEDERAL POVERTY LEVEL. EMERGENCY CASH ASSISTANCE ADDRESSES A SHORT-TERM NEED, OFTEN DURING AN EMERGING CRISIS WHEN A PERSON IS SUDDENLY WITHOUT INSURANCE AND/OR A MEANS TO PURCHASE THEIR MEDICATION. WE WORK WITH LOCAL PHARMACIES TO SECURE PRESCRIPTIONS AT THE LOWEST COST POSSIBLE AND OFTEN USE DISCOUNT CARDS AND COUPONS FOR THE CASH PRICE OF MEDICATIONS.MOST INSURANCE POLICIES DO NOT COVER PRESCRIBED OVER-THE-COUNTER VITAMINS AND SUPPLEMENTS, PAIN RELIEVERS, ADULT INCONTINENCE BRIEFS, AND NUTRITIONAL SHAKES (ENSURE/BOOST). THE EMERGENCY CASH ASSISTANCE HELPS MANY PEOPLE WHO CANNOT AFFORD TO PAY FOR THESE ITEMS ON THEIR OWN. WE ALSO ASSIST INDIVIDUALS BY PAYING UP TO A SPECIFIED DOLLAR AMOUNT TOWARD THEIR HEARING AIDS AND EYEGLASSES. INDIVIDUALS WHO DO CARRY PRESCRIPTION INSURANCE COVERAGE ARE CONSIDERED ON A CASE BY CASE BASIS FOR EMERGENCY CASH ASSISTANCE AND ARE OFTEN SEEKING HELP TO COVER CO-PAYS. THERE ARE LIMITATIONS TO HOW MUCH A CLIENT CAN RECEIVE THROUGH EMERGENCY CASH ASSISTANCE EACH YEAR. THE PATIENT ASSISTANCE PROGRAM (PAP) IS A LONGER-TERM SOLUTION AND INVOLVES WORKING DIRECTLY WITH PHARMACEUTICAL COMPANIES WHO OFFER COST-FREE MEDICATIONS TO INDIVIDUALS WHO QUALIFY FOR THEIR PROGRAMS. WE ASSIST CLIENTS WITH THE APPLICATION PROCESS WHICH REQUIRES THE MEDIAPPS CASEWORKER TO OBTAIN REQUIRED SIGNATURES AND WRITTEN PRESCRIPTIONS FROM PRESCRIBERS ACROSS SOUTHEASTERN AND CENTRAL MINNESOTA AND SOUTHWEST WISCONSIN. ELIGIBILITY REQUIREMENTS VARY FROM COMPANY TO COMPANY. THE MEDIAPPS CASEWORKER ASSISTS EACH CLIENT THROUGH THE ENTIRE PAP ENROLLMENT PERIOD BY TRACKING MEDICATION ORDERS, ACQUIRING NEW PRESCRIPTIONS, PLACING REFILLS, AND REAPPLICATION INTO EACH PROGRAM WHEN ENROLLMENT ENDS. MANY OF THE MEDICATIONS WE ASSIST CLIENTS WITH TREAT CHRONIC DISEASES SUCH AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, DIABETES, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DEPRESSION, ANXIETY, CHRONIC PAIN, AND MORE. NOT ONLY CAN THESE MEDICATIONS LENGTHEN ONE'S LIFE BUT THEY ALSO PROMOTE A HIGHER QUALITY OF LIFE AND WELLBEING. THE MEDIAPPS CASEWORKER ALSO ADVOCATES FOR EACH CLIENT BY ASSISTING THEM WITH THE SEARCH FOR INSURANCE COVERAGE.MEDIAPPS DOES NOT CHARGE A FEE TO CLIENTS AND OUR UNIQUE SERVICES ARE UNDUPLICATED IN OUR AREA. REFERRALS COME FROM MEDICAL PROVIDERS, PHARMACIES, COUNTY SOCIAL SERVICE DEPARTMENTS AND OTHER AGENCIES. THE MEDIAPPS PROGRAM EMPLOYS ONE PART-TIME CASEWORKER WHO WORKS 32 HOURS PER WEEK IN THE PROGRAM. IN FISCAL YEAR 2020, THE MEDIAPPS PROGRAM:" PROVIDED IMMEDIATE EMERGENCY CASH ASSISTANCE TO 109 CLIENTS FOR MEDICATIONS/MEDICAL DEVICES AT A COST OF $28,707. " SECURED 408 PRESCRIPTIONS VALUED AT OVER $317,544 THROUGH PATIENT ASSISTANCE PROGRAMS WHICH SERVED 89 CLIENTS IN SEVEN COUNTIES." PROVIDED EMERGENCY ASSISTANCE FOR SEVEN CLIENTS THROUGH THE BISHOP'S FUND FOR A TOTAL OF $1,865.35TESTIMONIALS" "I COULD NEVER AFFORD THE COPAY FOR JANUVIA. MEDIAPPS HELPED ME GET THIS MEDICATION FOR FREE FROM THE MANUFACTURER. I'M FOREVER GRATEFUL."" "I AM ELDERLY AND ON A FIXED INCOME. I HAVE END STAGE COPD AND [AM] HEAVILY RELIANT ON THREE INHALED MEDICATIONS. ALL THREE MEDICATIONS ARE EXPENSIVE. I AM SO VERY GRATEFUL FOR THE MEDIAPPS PROGRAM!"" "IF I DIDN'T HAVE HELP I WOULD NOT HAVE ONE MED THAT I NEED DAILY TO HELP ME LIVE!"" "WE REALLY APPRECIATE THE MEDIAPPS PROGRAM. ELIQUIS [A BLOOD THINNER] & INHALERS ARE SO VERY EXPENSIVE. I WOULD NOT BE ABLE TO EXIST IF IT WASN'T FOR MY MEDS. THANK YOU. THE CASEWORKER IS FANTASTIC TO WORK WITH."WE EACH DESERVE THE OPPORTUNITY TO LIVE A LONG AND HEALTHY LIFE AND NOT HAVE TO WORRY ABOUT WHETHER WE WILL BUY FOOD, PAY THE RENT, OR PURCHASE THE MEDICATION WE NEED TO KEEP OURSELVES WELL AND FUNCTIONING. THE MEDIAPPS PROGRAM IS COMMITTED TO SERVING THOSE THAT CANNOT AFFORD THE MEANS TO OBTAIN THEIR PRESCRIPTION MEDICATION.SHELTER WINONA COMMUNITY WARMING CENTER AND ROCHESTER COMMUNITY WARMING CENTERTHE WINONA COUNTY WARMING CENTER WAS UNDER THE LEADERSHIP OF THE PARISH SOCIAL MINISTRY (PSM) DIRECTOR, UNTIL APRIL, 2020. AT THAT TIME THE EXECUTIVE DIRECTOR DIRECTLY SUPERVISED THE PROGRAM. THE ROCHESTER COMMUNITY WARMING CENTER STARTED IN MID-DECEMBER, 2019 WITH THE HELP OF PRIVATE, GOVERNMENT AND CORPORATE DONATIONS. BOTH WARMING CENTERS ARE OVERNIGHT SHELTERS OPEN DURING THE WINTER MONTHS FROM NOVEMBER 1 UNTIL MARCH 31 EACH YEAR ALTHOUGH ROCHESTER WAS OPEN YEAR ROUND. THE WINONA COMMUNITY WARMING CENTER PROVIDED OVERNIGHT SHELTER TO 64 DIFFERENT GUESTS. THE ROCHESTER COMMUNITY WARMING CENTER PROVIDED HOUSING TO 81 DIFFERENT GUESTS. BOTH CENTERS WERE STAFFED BY VOLUNTEERS, OPEN EVERY NIGHT, INCLUDING THE HOLIDAY SEASON UNTIL MAR

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,322,307 including grants of $ 177,337) (Revenue $ 124,844)

4e Total program service expenses ▶ 2,666,421

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		No
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		No
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	Yes	
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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	28		
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	

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

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**	71		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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-A 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) TIM SHEA DIRECTOR	0.70	X						0	0	0
(3) SCOT BERKLEY CHAIR	0.70	X		X				0	0	0
(4) HEATHER LENZ TREASURER	0.70	X		X				0	0	0
(5) MARY WALKER DIRECTOR	0.70	X						0	0	0
(6) OLIVIA ORDAZ DIRECTOR	0.70	X						0	0	0
(7) REVEREND GREGORY HAVEL DIRECTOR	0.70	X						0	0	0
(8) MARY FRANCES LANE DIRECTOR	0.70	X						0	0	0
(9) JIMMY BICKERSTAFF VICE CHAIR	0.70	X		X				0	0	0
(10) TERESA PEARSON DIRECTOR	0.70	X						0	0	0
(11) REVEREND MONSIGNOR THOMAS MELVIN VICE PRESIDENT	0.70	X		X				0	0	0
(12) DEAN BECKMAN DIRECTOR	0.70	X						0	0	0
(13) KEVIN AAKER DIRECTOR	0.70	X						0	0	0
(14) MARY FARRELL DIRECTOR	0.70	X						0	0	0
(15) SHANNA HARRIS EXEC DIRECTOR/SECRETARY	32.00	X		X				17,788	0	1,807
(16) COLLEEN HELMS DIRECTOR	0.70	X						0	0	0
(17) DR JANE NJERU DIRECTOR	0.70	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			
(18) VERY REV WILLIAM THOMPSON VICE PRESIDENT	0.70	X		X				0	0	0
(19) ROBERT TEREBA PAST EXEC DIRECTOR/SECRETA	0.70			X				96,387	0	13,805
(20) MARY LIEBSCH CONTROLLER THRU 6/22/20	40.00			X				61,061	0	12,335
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								175,236	0	27,947

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	1a	34,630			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,004,817			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,430,472			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		2,469,919			
Program Service Revenue		Business Code				
	2a COUNSELING FEES	624100	285,221	285,221		
	b GUARDIAN AND CONSERVAT	624100	74,716	74,716		
	c ADOPTION FEES	624110	49,358	49,358		
	d ACTIVE AGING	624100	2,277	2,277		
	e MISCELLANOUS	624100	2,085	2,085		
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		413,657			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		25,208			25,208
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a	17,750			
	b Less: rental expenses	6b	7,774			
	c Rental income or (loss)	6c	9,976			
	d Net rental income or (loss)		9,976			9,976
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	107,651	1,400		
	b Less: cost or other basis and sales expenses	7b	116,604	4,892		
	c Gain or (loss)	7c	-8,953	-3,492		
	d Net gain or (loss)		-12,445			-12,445
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions		2,906,315	413,657	0	22,739

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	4,500	4,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	239,030	239,030		
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	175,922	91,362	73,140	11,420
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	1,811,197	1,500,470	246,730	63,997
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	90,652	70,115	16,404	4,133
9 Other employee benefits	228,592	176,804	41,364	10,424
10 Payroll taxes	155,174	123,509	25,602	6,063
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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)	94,143	38,483	53,927	1,733
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	182,471	172,058	6,488	3,925
17 Travel	105,373	99,143	4,410	1,820
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,452	10,613	5,185	654
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,764	6,411	11,962	391
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	59,482	18,622	17,028	23,832
b SUPPLIES	52,929	44,112	5,384	3,433
c TELEPHONE	41,914	36,230	3,400	2,284
d POSTAGE	22,481	7,379	1,686	13,416
e All other expenses	36,865	27,580	8,509	776
25 **Total functional expenses.** Add lines 1 through 24e	3,335,941	2,666,421	521,219	148,301
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		160,854	1	65,103
	2	Savings and temporary cash investments		1,042,037	2	634,391
	3	Pledges and grants receivable, net		390,760	3	270,979
	4	Accounts receivable, net		81,998	4	69,618
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		58,683	9	59,879
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 736,540			
	b	Less: accumulated depreciation	10b 253,473	473,512	10c	483,067
	11	Investments—publicly traded securities		516,149	11	1,315,348
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,446	15	1,446
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,725,439	16	2,899,831
Liabilities	17	Accounts payable and accrued expenses		236,299	17	219,257
	18	Grants payable			18	
	19	Deferred revenue		2,890	19	120,237
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	449,500
	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	
	26	**Total liabilities.** Add lines 17 through 25		239,189	26	788,994
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,852,456	27	1,338,845
	28	Net assets with donor restrictions		633,794	28	771,992
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,486,250	32	2,110,837
	33	Total liabilities and net assets/fund balances		2,725,439	33	2,899,831

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	2,906,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,335,941
3	Revenue less expenses. Subtract line 2 from line 1	3	-429,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,486,250
5	Net unrealized gains (losses) on investments	5	54,213
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	2,110,837

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-ROCHESTER

Form 990, Part III, Line 4a:

FAMILY AND INDIVIDUAL COUNSELING PROGRAMTHE FAMILY AND INDIVIDUAL COUNSELING PROGRAM PROVIDES HOPE AND HELP FOR INDIVIDUALS, COUPLES, AND FAMILIES EXPERIENCING DIFFICULTIES. WE OFFER SENSITIVE, CONFIDENTIAL COUNSELING AND MENTAL HEALTH SERVICES THAT ADDRESS A WIDE RANGE OF NEEDS, INCLUDING BUT NOT LIMITED TO, MENTAL ILLNESS, MARITAL PROBLEMS, PARENTING DIFFICULTIES, LIFE TRANSITIONS, AND GRIEF/LOSS ISSUES. OUR AIM IS TO PROMOTE PHYSICAL, SOCIAL, EMOTIONAL, AND SPIRITUAL HEALTH AND WELL-BEING TO ALL, REGARDLESS OF AGE, ETHNIC/CULTURAL BACKGROUND, FAITH/NON-FAITH TRADITION, OR ECONOMIC CIRCUMSTANCE. WE BELIEVE THAT WHEN WE HELP OUR CLIENTS GAIN UNDERSTANDING AND SKILLS WITH WHICH TO COPE WITH LIFE'S PROBLEMS, WE ENABLE THEM TO LEAD MORE PRODUCTIVE AND SATISFYING LIVES THAT IN TURN POSITIVELY IMPACT ALL THOSE WITH WHOM THEIR LIVES INTERSECT.COUNSELING SERVICES ARE PROVIDED BY TRAINED AND LICENSED PROFESSIONALS. INSURANCE IS ACCEPTED AND MAY COVER THE COST OF SERVICES, BUT A SLIDING FEE SCALE BASED ON HOUSEHOLD INCOME AND FAMILY SIZE IS AVAILABLE FOR PEOPLE WHO DO NOT HAVE INSURANCE COVERAGE. DURING THIS REPORTING CYCLE, 454 INDIVIDUALS, COUPLES, OR FAMILIES DIRECTLY RECEIVED COUNSELING SERVICES. OUR COUNSELING CLIENTS COME FROM MANY WALKS OF LIFE; THEY ARE MEN, WOMEN, AND CHILDREN, SINGLE AND PARTNERED, CITIZENS AND IMMIGRANTS, HOMELESS AND WELL-RESOURCED. WE ARE HONORED TO MEET EACH ONE ON THEIR JOURNEY WITH KINDNESS AND THE SKILLS TO HELP THEM COPE WITH ISOLATION, LOSS, CONFLICT, TRAUMA, ANXIETY, AND DEPRESSION. HERE ARE A FEW COMMENTS THEY HAVE GIVEN US IN RETURN:"THANK YOU FOR THE EXCELLENT SERVICE AND CARE." "[COUNSELING] HAS HELPED ME TO LEARN HOW TO DEAL WITH THINGS BETTER.""I TRULY SAW A DIFFERENCE IN MY EMOTIONAL/MENTAL STATE FROM WHEN I FIRST STARTED.""I TRUST THEM AND THEY HAVE ALWAYS BEEN KIND TO ME." "[COUNSELOR] HELPED ME WHEN I NEEDED HELP THE MOST.""CATHOLIC CHARITIES MAKES A CRUCIAL DIFFERENCE FOR ME."PROJECT RACHELOUR 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 REWARDTHERE 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 FIRMLY BELIEVE IN THE COMPASSION AND MERCY OF GOD WHO FORGIVES.THROUGH PROJECT RACHEL, OUR TRAINED THERAPISTS REACH OUT IN COMPASSION TO THE WOMAN, MAN, FAMILY MEMBERS, AND FRIENDS SUFFERING FROM THE AFTERMATH OF ABORTION. WITH HELP, THOSE AFFECTED BY ABORTION CAN MOVE FORWARD RENEWED AND RECONCILED WITH SELF, THE UNBORN CHILD, FAMILY, COMMUNITY, AND WITH GOD.

Form 990, Part III, Line 4b:

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 WELCOMED 34 INDIVIDUALS IN FISCAL YEAR 2020. REFUGEE INDIVIDUALS AND FAMILIES WE CARED FOR CAME FROM BURMA (MYANMAR), ETHIOPIA, SYRIA, IRAQ, AND SOMALIA, WE SAW CASES CONSISTING OF ONE INDIVIDUAL TO CASES COMPRISED OF 2-8 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."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 ARE CURRENTLY SERVING 16 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. THROUGH A USCCB PARISHES ORGANIZED TO WELCOME REFUGEES (POWR) GRANT WE WORKED WITH COMMUNITY VOLUNTEERS TO PURCHASE GROCERIES FOR NEWLY ARRIVED FAMILIES WITH CULTURAL GOOD ITEMS GIVING THEM A SENSE OF WELCOME AND FOOD SECURITY IN THE FIRST FEW DAYS IN THEIR NEW HOME. WE THANK ALL THE VOLUNTEERS THAT HAVE DEDICATED HUNDREDS OF HOURS TO BE FAMILY MENTORS FOR FAMILIES AND HELP GUIDE THEM IN THEIR NEW COMMUNITY AS WELL AS BEFRIEND THEM, LIVING THE WORDS OF "WELCOMING THE STRANGER." VOLUNTEERS CAN MAKE A TREMENDOUS DIFFERENCE IN THE LIFE OF A REFUGEE. ONE EXAMPLE OF HOW VOLUNTEERS CAN TRULY CHANGE A REFUGEE'S LIFE IS THE STORY OF ONE WOMAN WHO WAS ENROLLED IN OUR EMPLOYMENT PROGRAM MATCH GRANT. SHE WAS HIGHLY MOTIVATION TO GAIN EMPLOYMENT BUT SHE WAS STRUGGLING WITH ENGLISH, WHICH WAS MAKING IT DIFFICULT FOR HER TO FIND A JOB. ACTUALLY, SHE HAD A FAIR BIT OF ENGLISH, BUT LACKED THE CONFIDENCE TO SPEAK. THROUGH OUR VOLUNTEER PROGRAM, WE WERE ABLE TO MATCH HER WITH A VOLUNTEER WHO CAME TO HER HOUSE TWICE A WEEK TO PRACTICE CONVERSATIONAL ENGLISH. AFTER ABOUT A MONTH OF ONE-ON-ONE ENGLISH TUTORING WE WERE SURPRISED AT HOW MUCH CONFIDENCE SHE HAD GAINED. THIS CONFIDENCE ALLOWED HER TO INTERVIEW AND HIRED AT A LOCAL COMPANY. WE CREDIT THE VOLUNTEER WHO TOOK THE TIME TO SIT WITH HER AND HELP HER PRACTICE HER ENGLISH. NOW SHE CAN SUPPORT HER AND HER FAMILY AS THEY BUILD A NEW LIFE IN OUR COMMUNITY. IN FISCAL YEAR 2020, WE CONTINUED TO SEE OUR COMMUNITY'S WELCOME OF REFUGEES THROUGH DONATIONS OF ESSENTIAL HOUSEHOLD ITEMS (BEDS/TABLES/CHAIRS, NEW PILLOWS, ETC), 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.WE CONTINUE TO RECOGNIZE REFUGEES' GAINING FINANCIAL LITERACY SKILLS 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.

Form 990, Part III, Line 4c:

HEALTH AND WELLNESS PROGRAMSTHE ACTIVE AGING PROGRAMS OF CATHOLIC CHARITIES OF SOUTHERN MN (CCSOMN) PROVIDE HEALTH AND WELLNESS OPPORTUNITIES AND EXPERIENCES THAT ARE CHANGING LIVES. THE PROGRAMS ARE EVIDENCE-BASED AND HAVE PROVEN OUTCOMES TO HELP BUILD PEOPLES' CONFIDENCE IN MANAGING THEIR HEALTH CONDITIONS, INCREASE PHYSICAL ACTIVITY LEVELS AND REDUCE HEALTH CARE COSTS. PROGRAMS SERVE ALL PEOPLE, REGARDLESS OF FAITH TRADITION, AND ARE FREE OF CHARGE. THE OVERALL GOAL OF THESE PROGRAMS IS TO IMPROVE THE QUALITY OF LIFE AND HELP PEOPLE LIVE INDEPENDENTLY LONGER. THE PROGRAMS ARE OFFERED THROUGHOUT SOUTHERN MINNESOTA. 1,631 PARTICIPANTS WERE SERVED FROM JULY 1, 2019 - JUNE 30, 2020.EXERCISE PROGRAMS ARE SOME OF THE MOST POPULAR CLASSES AVAILABLE. TRAINED VOLUNTEER LEADERS ARE PROVIDING SAIL (STAYING ACTIVE & INDEPENDENT FOR LIFE) AND THE ARTHRITIS FOUNDATION EXERCISE PROGRAM. EACH PROGRAM PROVIDES EXERCISES TO IMPROVE STRENGTH, FLEXIBILITY AND ENDURANCE, WHILE PROVIDING SOCIAL CONNECTIONS AND SOME ALSO HELP PROBLEM-SOLVE AND PROVIDE EDUCATION. PARTICIPANTS STATED THEY ARE STRONGER AND ABLE TO DO MORE DAILY ACTIVITIES THAT USED TO BE HARD FOR THEM. PARTICIPANTS OF THESE PROGRAMS ARE ENCOURAGED TO WORK AT THEIR OWN PACE BY INCREASING ACTIVITY AND MODIFYING EXERCISES TO MEET THEIR ABILITY. FOR THOSE WHO WANT TO LEARN WAYS TO BETTER MANAGE THEIR OWN HEALTH, ACTIVE AGING PROGRAMS INCLUDE HEALTH AND WELLNESS CLASSES THAT SUPPORT CAREGIVERS AND THOSE MANAGING ONGOING HEALTH CONDITIONS. THESE INTERACTIVE CLASSES PROVIDE TOOLS TO BETTER CARE FOR YOURSELF AND THE COMPLEX SYMPTOMS AND ISSUES PEOPLE FACE, WHETHER MANAGING THEIR OWN HEALTH OR CARING FOR SOMEONE ELSE. THE POWERFUL TOOLS FOR CAREGIVER CLASSES HAVE BEEN TRANSFORMING FOR MANY PARTICIPANTS. THE CLASSES HAVE HELPED PARTICIPANTS UNDERSTAND THAT CARING FOR A SPOUSE OR LOVED ONE, WITH A CHRONIC CONDITION, OFTEN CHANGES WHAT HAS BEEN NORMAL IN A RELATIONSHIP. BY REALIZING NEW NORMAL PATTERNS, THEY CAN INCREASE PATIENCE IN CARING FOR AND IMPROVE COMMUNICATION WITH LOVED ONES. THE ACTIVE AGING PROGRAMS WERE FUNDED BY CORPORATION FOR NATIONAL & COMMUNITY SERVICE, MN BOARD ON AGING AND GREATER MANKATO AREA UNITED WAY.

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER

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 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 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.)

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

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 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- 10 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 OF WINONA-ROCHESTER	410694754	1		No	0	0
Total 1					0	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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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**

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described 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)

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

			Yes	No
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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
FORM 990 SCHEDULE A PAGE 4 LINE 1	THE PURPOSE OF THE ORGANIZATION IS TO INTEGRATE AND COORDINATE ALL THE CHARITABLE WORK OF THE DIOCESE OF WINONA-ROCHESTER.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCHEDULE A PAGE 5 SECTION C LINE 1	THE BISHOP OF THE DIOCESE OF WINONA-ROCHESTER SERVES AS THE EX OFFICIO PRESIDENT OF THE CO RPORATION. THE BISHOP APPROVES ALL CONVEYANCES, ASSIGNMENTS AND CONTRACTS MADE BY THE CORP ORATION; APPOINTS ALL BOARD MEMBERS; APPROVES THE ANNUAL BUDGET AND ALL FUND-RAISING PLANS OF THE CORPORATION; APPROVES THE EMPLOYMENT ACTIONS CONCERNING THE EXECUTIVE DIRECTOR; AN D APPROVES NEW PROGRAMS OR THE TERMINATION OF PROGRAMS; AND APPROVES CHANGES TO THE CORPOR ATE ARTICLES AND BYLAWS.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER

Employer identification number
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 4,255,041
d	Additions during the year	1d 1,782,755
e	Distributions during the year	1e 2,144,687
f	Ending balance	1f 3,893,109

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	276,958	276,958	276,958	276,958	276,958
b Contributions	5,035				
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	281,993	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 ▶ 99.990 %

b Permanent endowment ▶ 0.010 %

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,688		81,688
b Buildings		507,408	144,571	362,837
c Leasehold improvements		26,843	16,823	10,020
d Equipment		120,601	92,079	28,522
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				483,067

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

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	3,006,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	54,213		
b	Donated services and use of facilities	2b	38,240		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	92,453
3	Subtract line **2e** from line **1**			3	2,914,089
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	-7,774		
c	Add lines **4a** and **4b**			4c	-7,774
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	2,906,315

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	3,381,955
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	38,240		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,774		
e	Add lines **2a** through **2d**			2e	46,014
3	Subtract line **2e** from line **1**			3	3,335,941
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	3,335,941

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-ROCHESTER

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B:	CATHOLIC CHARITIES IS COURT APPOINTED TO TAKE CHARGE OF A CLIENT'S ASSETS. INVENTORY IS TAKEN OF ALL ASSETS AND REPORTED TO THE COURT. NEW CHECKING ACCOUNTS ARE CREATED IN THE CLIENT'S NAME AND CREDIT AND DEBIT CARDS ARE CANCELLED. INCOME IS DEPOSITED IN THE CLIENT'S ACCOUNT 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 CATHOLIC CHARITIES STAFF. CLIENTS MAY NOT COMMIT TO LARGE EXPENSES WITHOUT PRIOR PERMISSION AND 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 ASSETS, INCOME AND EXPENSES FOR EACH CLIENT. THE COURT REVIEWS AND APPROVES THE ANNUAL REPORT. OTHER ACTIVITIES PROVIDED TO THE CLIENTS BY THE CONSERVATORSHIP PROGRAM STAFF ARE: APPLY FOR MEDICAL ASSISTANCE, HELP WITH SHOPPING, MAINTAIN REAL ESTATE AND VEHICLES, COORDINATE WITH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM VOLUNTEERS TO PREPARE CLIENT TAX RETURNS, 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED AGAINST REVENUE FOR 990 -7,774.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED AGAINST REVENUE FOR 990 7,774.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER

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 noncash assistance	(h) Purpose of grant or assistance
(1) ST VINCENT DE PAUL SOCIETY 1114 3RD ST SE ROCHESTER, MN 559047209	32-0333393	501(C)(3)	4,500				EMERGENCY ASSISTANCE

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) THE REFUGEE RESETTLEMENT PROGRAM PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES. THIS ASSISTANCE INCLUDED HOUSING, UTILITIES, FOOD, CLOTHING, HOUSEHOLD ITEMS, DRIVERS TRAINING EDUCATION, AND BUS PASSES.	65	66,194	2,293	COST	FURNITURE, HOUSEHOLD ITEMS, AND CLOTHING.
(2) THE PREGNANCY, PARENTING, AND ADOPTION PROGRAM PROVIDES DIRECT ASSISTANCE TO MOTHERS AND TO FAMILIES OF YOUNG CHILDREN. THIS ASSISTANCE PROVIDED HOUSING, CHILDCARE, UTILITIES, FOOD AND BUS PASSES.	202	119,289			
(3) THE MEDICATION APPLICATION SERVICE (MEDIAPPS) PROGRAM PROVIDED UNINSURED PERSONS WITH PRESCRIPTIONS, MEDICAL DEVICES, AND EYEGLASSES.	117	30,899			
(4) THE PARISH SOCIAL MINISTRY PROGRAM PROVIDED UNINSURED PERSONS WITH PRESCRIPTIONS ASSISTANCE. THE PROGRAM ALSO PROVIDED FLOOD RECOVERY AID FOR PEOPLE IMPACTED BY THE 2017 FLOODS IN SOUTHERN MINNESOTA.	16	8,150			
(5) GUARDIAN/CONSERVATOR PROVIDED MEALS FOR CLIENTS AND CLOTHING FOR CLIENTS.					
(5)					
(6)					
(7)					

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: 93493071016531

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER

Employer identification number
41-0721636

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Return Reference	Explanation
FORM 990 PART III LINE 4A	ADOPTION - CATHOLIC CHARITIES HAS BEEN CREATING FAMILIES IN THE DIOCESE OF WINONA-ROCHESTE R FOR 75 YEARS. WE ARE A CHILD PLACING AGENCY LICENSED IN MINNESOTA. OUR LICENSED SOCIAL W ORKERS PROVIDE DOMESTIC INFANT ADOPTION SERVICES, INTERNATIONAL ADOPTION SERVICES, AND DES IGNATED ADOPTION SERVICES. WE HAVE A SUPERVISED PROVIDER AGREEMENT WITH HOLT INTERNATIONAL OF EUGENE, OREGON TO COMPLETE ADOPTIVE HOME STUDIES AND PROVIDE POST PLACEMENT SUPERVISIO N WITH MINNESOTA RESIDENTS LIVING IN OUR SERVICE AREA WHO WANT TO ADOPT INTERNATIONALLY. D ESIGNATED 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 O R POST PLACEMENT SERVICES. IN THE DOMESTIC ADOPTION PROGRAM OUR LICENSED SOCIAL WORKERS PA IR MARRIED COUPLES (MAN AND WOMAN) LOOKING TO ADOPT WITH BIRTHPARENTS LOOKING TO PLACE THE IR CHILD FOR ADOPTION. OUR SOCIAL WORK STAFF HELPS TO FACILITATE THE MATCH BETWEEN BIRTHPA RENTS AND ADOPTIVE COUPLES AND ASSIST WITH THE PROCESS OF FREEING THE CHILD FOR ADOPTION A ND 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 A ND THE BIRTHPARENTS. IN ALL OF THESE EFFORTS, THE WELFARE OF THE CHILD IS OF PRIMARY CONCE RN. ADOPTION PROGRAM SERVICE FEES, PAID BY ADOPTING COUPLES, ARE DESIGNED TO COVER THE OPE RATING EXPENSES OF THE PROGRAM. TO ELIMINATE COST AS A BARRIER TO ADOPTION, A PORTION OF T HE 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 CHARIT IES. THE MAJORITY OF CHILDREN ARE PLACED DIRECTLY OUT OF THE HOSPITAL INTO THE ADOPTIVE HO ME. 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 BIRTHPAREN T IN THAT PROCESS. ANOTHER WAY IN WHICH ADOPTIVE PARENTS AND BIRTHPARENTS ARE MAKING A CON NECTION 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 DECI DE TO COME TO THE AGENCY FOR ASSISTANCE WITH THE ADOPTION. WE ARE CONSTANTLY MAKING CHANGE S 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 ON LINE 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. WE ARE PROACTIVE IN OUR EFFORTS TO MAKE SURE BOTH ADOPTIV E PARENTS AND BIRTHPARENTS HAV

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Return Reference	Explanation
FORM 990 PART III LINE 4A	E A FULL COMPLEMENT OF SERVICES. DURING THIS REPORTING CYCLE, 67 PEOPLE RECEIVED ADOPTION SERVICES. CATHOLIC CHARITIES ADOPTIVE FAMILIES SHARE IN THEIR OWN WORDS WHAT ADOPTION HAS MEANT TO THEM: "ADOPTION IS THE GREATEST BLESSING IN THE WORLD! THAT LEVEL OF LOVE AND TRU ST IS GUIDED BY GOD'S HANDS. IT WAS THE BEST CHOICE WE EVER MADE." "OUR JOURNEY TO ADOPT H AS ALREADY HAD SOME HIGHS AND LOWS BUT WE TRY TO REMEMBER THAT WE'RE NOT THE FIRST - AND W E WON'T BE THE LAST - TO TAKE THIS JOURNEY. THANKS TO CATHOLIC CHARITIES, WE ARE OFTEN REM INDED WE'RE NOT ON THIS PATH ALONE. WE ATTEND INFORMATIONAL MEETINGS WITH OTHER COUPLES WA ITING TO ADOPT AND WE'VE DEVELOPED FRIENDSHIPS WITH THESE OTHER SPECIAL PEOPLE. WE TALK AB OUT OUR PLANS TO ADOPT OPENLY WITH FRIENDS AND STRANGERS, WHICH INEVITABLY HAS LED TO PEOP LE SHARING THEIR STORIES OF ADOPTION WITH US. THIS ADVOCACY IS VERY IMPORTANT WORK - WE BE LIEVE FAMILIES COME IN ALL SHAPES AND SIZES. A STRONG FAMILY IS NOT TIED TOGETHER BY BLOOD AND GENETICS; IT'S TIED BY PEOPLE WHO LOVE AND SUPPORT EACH OTHER." POST ADOPTION SERVICE - POST ADOPTION SERVICES ARE PROVIDED TO ADOPTED ADULT INDIVIDUALS, BIRTHPARENTS, ADOPTIV E PARENTS OF MINOR CHILDREN, AND SIBLINGS, WHO MAY CHOOSE TO ENGAGE IN A POST ADOPTION PRO CESS WITH THE AGENCY THAT IS THE CARETAKER OF THE PERMANENT ADOPTION RECORDS. SINCE CATHOL IC CHARITIES HAS BEEN PLACING CHILDREN IN ADOPTIVE HOMES FOR 75 YEARS WE HAVE MANY PERMANE NT ADOPTION RECORDS AND HAVE AN ARCHIVE LOCATION AT OUR WINONA OFFICE WHERE THEY ARE STORE D. WE PROVIDE A FULL COMPLEMENT OF POST ADOPTION SERVICES TO THOSE MAKING INQUIRIES. THE P ROCESS MAY INCLUDE A REQUEST FOR MEDICAL OR BACKGROUND INFORMATION OR AN ACTUAL SEARCH FOR CONTACT. FEES ARE CHARGED. ASSISTANCE AND COUNSELING IS OFFERED TO ALL WHO COME LOOKING F OR SERVICES. WHILE SOME INDIVIDUALS HAVE A DESIRE TO SEARCH OTHERS MAY NOT HAVE ANY INTERE ST. 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 AR E COMMITTED TO PROVIDING INFORMATION AND GUIDANCE IN THE POST ADOPTION JOURNEY. DURING THI S REPORTING CYCLE, 162 PEOPLE RECEIVED POST ADOPTION SERVICES WHICH INCLUDED INTERMEDIARY EXCHANGES BETWEEN BIRTHPARENTS AND ADOPTIVE PARENTS.

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FORM 990 PART III LINE 4A	PREGNANCY, PARENTING, AND ADOPTION - CATHOLIC CHARITIES BELIEVES IN CARING FOR THE GIFT OF LIFE AND PROVIDES POSITIVE ALTERNATIVES TO ABORTION. WE HAVE BEEN PROVIDING SERVICES TO P REGNANT AND PARENTING WOMEN FOR 75 YEARS. WE OFFER FREE, CONFIDENTIAL SUPPORT FOR THOSE WH O ARE PREGNANT. WE HELP WOMEN AND MEN THOUGHTFULLY DECIDE BETWEEN PARENTING OR ADOPTION SO THEY CAN CONFIDENTLY PURSUE THE BEST PLAN FOR THEMSELVES AND THEIR BABIES. A PREGNANCY IN FORMATION LINE IS STAFFED BY AGENCY SOCIAL WORKERS 24 HOURS A DAY, 365 DAYS A YEAR. OFTEN A PERSON MAY THINK THEY ONLY HAVE ONE ALTERNATIVE -ABORTION- BUT WHEN THEY CALL OUR PREGNA NCY INFORMATION LINE THEY LEARN ABOUT VIABLE ALTERNATIVES TO ABORTION. THEY LEARN THEY ARE NOT ALONE AND THAT WE WILL HELP THEM EVERY STEP OF THE WAY. PERSONS FACED WITH AN UNPLANN ED PREGNANCY RECEIVE THE SUPPORT NEEDED TO SELF DETERMINE WHAT WILL BE THE BEST PLAN FOR T HEIR BABY. IF THE EXPECTANT PARENT CHOOSES TO MAKE AN ADOPTION PLAN FOR THEIR CHILD, CATHO LIC CHARITIES ASSISTS THE BIRTHPARENT IN SELECTING AND MEETING AN ADOPTIVE FAMILY, DETERMI NING HOW MUCH OPENNESS THEY WANT, AND MAKING A PLAN FOR THE HOSPITAL TIME AND THEIR FUTURE . IF THE EXPECTANT PARENT CHOOSES TO RAISE THEIR CHILD, CATHOLIC CHARITIES WILL PROVIDE SU PPORT AND HELP TO MAKE A PARENTING PLAN. THE MOTHER CHILD ASSISTANCE FUND HELPS WOMEN TO C ARRY THEIR BABY TO TERM AND HELPS WOMEN WITH BABIES BY PROVIDING THE DIRECT SUPPORT THEY N EED TO WORK THROUGH DIFFICULTIES THEY ARE FACING. FINANCIAL ASSISTANCE IS AVAILABLE FOR RE NT, UTILITIES, MEDICAL EXPENSES, CHILD CARE, OR OTHER NECESSITIES. SUPPORT FOR THE MOTHER AND CHILD ASSISTANCE FUND IS RAISED THROUGH OUR ANNUAL BABY BOTTLE CAMPAIGN EACH OCTOBER, DURING RESPECT LIFE MONTH. CHURCHES, SCHOOLS, AND OTHER GROUPS DISTRIBUTE EMPTY BABY BOTTL ES TO INDIVIDUALS AND FAMILIES. THE BOTTLES ARE FILLED WITH CHANGE AND THE PROCEEDS SUPPOR T OUR DIRECT ASSISTANCE FUND ALL YEAR LONG. WE PROVIDE BABY ITEMS AND FREE PACK N PLAYS TH ROUGH A PARTNERSHIP PROGRAM TO ANY FAMILY IN NEED SO THAT THEIR BABY HAS A SAFE PLACE TO S LEEP. WE AIM TO IMPROVE FAMILY STABILITY AND SELF SUFFICIENCY THROUGH THE PROVISION OF FIN ANCIAL LITERACY EDUCATION, SAFE SLEEP EDUCATION, AND SHAKEN BABY PREVENTION. A NURTURING H EALTHY FAMILIES PARENTING GROUP IS OFFERED MONTHLY IN THREE OFFICE LOCATIONS. SINCE 2006 C ATHOLIC CHARITIES HAS BEEN THE RECIPIENT OF A POSITIVE ALTERNATIVES GRANT THROUGH THE MINN ESOTA DEPARTMENT OF HEALTH. OUR PROGRAM SERVICES CLEARLY SUPPORT THE GOALS OF THE GRANT WH ICH ARE TO ENCOURAGE AND ASSIST WOMEN IN CARRYING THEIR PREGNANCIES TO TERM, IN CARING FOR THEIR BABIES AFTER BIRTH, AND TO PROVIDE ACCURATE INFORMATION ON, REFERRAL TO, AND ASSIST ANCE WITH SECURING NECESSARY SERVICES. DURING THIS REPORTING CYCLE, 1,385 PEOPLE RECEIVED PREGNANCY, PARENTING AND ADOPTION SERVICES. HERE ARE QUOTES FROM BIRTHPARENTS WHO RECEIVED SERVICES FROM OUR PROGRAM: "RECEIVING THIS GRANT WILL HELP ME PAY MY RENT & UTILITIES AND WILL KEEP A ROOF OVER MY HEAD

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Return Reference	Explanation
FORM 990 PART III LINE 4A	, HEAT IN MY HOME, & LIGHTS IN MY HOME. ANY HELP IS GREATLY, GREATLY APPRECIATED!" "I AM C URRENTLY PREGNANT WITH MY 2ND CHILD AND THE FATHER OF MY CHILD HAS NOT HELPED US AT ALL WI TH OUR FINANCIAL DIFFICULTIES. THIS CHARITY IS MY LAST HOPE TO KEEP US IN OUR HOME. RAISIN G 2 CHILDREN BY ME IS TOUGH ENOUGH BUT THIS ASSISTANCE WILL HELP OUT SO MUCH." "I WAS VERY YOUNG BEING PREGNANT WITH MY SECOND CHILD AND WAS STRUGGLING BEING A FULL TIME SINGLE MOT HER IN COLLEGE WITH LIMITED INCOME. SOMETIMES IT WAS VERY DIFFICULT MAKING ENDS MEET. I DI D NOT WANT TO BRING A BABY INTO THE WORLD AND STRUGGLE TO RAISE IT. I FOUND CATHOLIC CHARI TIES AND THEY WELCOMED ME WITH OPEN ARMS. I FOUND A WONDERFUL COUPLE THAT COULD NOT HAVE C HILDREN. I FELT SO COMFORTABLE AND SECURE WITH THEM AND KNEW THEY WOULD TAKE WONDERFUL CAR E 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 MAKES ME FEEL BETTER, BUT IT STILL HURTS F ROM TIME TO TIME." ONWARD AND UPWARD - THE ONWARD AND UPWARD PROGRAM BEGAN IN 2016 AND SER VED 28 INDIVIDUALS THIS PAST YEAR. THIS PROGRAM HELPS LOW INCOME SINGLE PARENTS AND EXPECT ING SINGLE PARENTS COMPLETE THEIR EDUCATION IN THE HEALTHCARE FIELD FROM ROCHESTER COMMUNI TY AND TECHNICAL COLLEGE (RCTC). BEYOND THE EDUCATIONAL ACHIEVEMENTS, ONWARD AND UPWARD HE LPS PARTICIPANTS SECURE EMPLOYMENT AND BEGIN EARNING, FOR THE FIRST TIME EVER, A LIVABLE W AGE. THIS WILL PROPEL THESE YOUNG FAMILIES TO BREAK THE CYCLE OF POVERTY BY FOSTERING FINA NCIAL STABILITY AND SELF-SUFFICIENCY. ONWARD AND UPWARD REPRESENTS A HIGH COMMITMENT/HIGH REWARD APPROACH TO HELPING YOUNG FAMILIES ESCAPE POVERTY FOR THE LONG RUN. BECAUSE OF THIS , APPLICANTS ACCEPTED INTO THE PROGRAM ARE CAREFULLY ASSESSED ACROSS FIFTEEN CATEGORIES CO VERING EVERYTHING FROM HOUSING TO TRANSPORTATION TO CHILD CARE. THIS ASSESSMENT CAREFULLY CONSIDERS THE NEEDS OF BOTH THE PARENT AND THE CHILDREN. RECENT RESEARCH INDICATES THAT A TWO GENERATION APPROACH GREATLY ENHANCES THE PROBABILITY OF ACHIEVING POSITIVE OUTCOMES. I N THE PROCESS OF CONDUCTING THIS ASSESSMENT OUR LICENSED SOCIAL WORKERS BEGIN FORMING A TH ERAPEUTIC RELATIONSHIP WITH POTENTIAL PARTICIPANTS WHERE THEY WILL ASSESS THEIR PERSONALIT IES, THEIR MOTIVATIONS, AND THEIR PROSPECTS FOR SUCCESS. OUR LICENSED SOCIAL WORKERS ARE T HE MENTORS ON THE JOURNEY WITH THESE STUDENTS. THEY MEET WITH STUDENTS ENROLLED IN ONWARD AND UPWARD ON A BI-WEEKLY BASIS. AT THESE REGULAR MEETINGS OUR STAFF MONITORS PROGRESS, ID ENTIFIES POTENTIAL ISSUES AND OPPORTUNITIES, SOLVES PROBLEMS, PROVIDES LIFE SKILLS TRAININ G, MAKES REFERRALS, AND ADDRESSES UNEXPECTED NON-ACADEMIC FINANCIAL CHALLENGES BY TAPPING INTO THE RESOURCE POOL DESIGNATED FOR SUCH PURPOSES. ALL OF THIS REQUIRES GREAT COMMUNICAT ION FLOWING FROM AN HONEST AND CARING THERAPEUTIC RELATIONSHIP. IN ADDITION TO BENEFITTING FROM THESE TRADITIONAL SOCIAL WORK SERVICES, EVERY PARTICIPANT RECEIVES TRAINING THROUGH OUR FINANCIAL LITERACY PROGRAM

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Return Reference	Explanation
FORM 990 PART III LINE 4A	AND THE OPPORTUNITY TO LEARN GOOD TIME MANAGEMENT AND DISCOVER THEIR PERSONAL LEARNING ST YLE. EACH MENTORING RELATIONSHIP IS INDIVIDUALIZED TO MEET THE STUDENT'S PARTICULAR NEEDS. ONCE A STUDENT GRADUATES, THEY ARE ABLE TO STAY WITH THE PROGRAM FOR APPROXIMATELY SIX MO RE MONTHS. DURING THIS TIME THEIR SOCIAL WORKER OFFERS SUPPORT THROUGH INTERVIEW AND RESUM E WRITING SKILLS, BUDGETING WITH THE NEW INCOME, AND SUPPORT IN ACHIEVING PERSONAL GOALS. THE OVERRIDING GOAL OF ONWARD AND UPWARD IS TO HELP PREGNANT AND PARENTING WOMEN COMPLETE THEIR EDUCATION AND ACHIEVE FAMILY FINANCIAL STABILITY AND SELF SUFFICIENCY. WE USE THE FO LLOWING OUTCOME BENCHMARKS TO KNOW OUR CLIENTS ARE ON THE ROAD TO SUSTAINABLE SUCCESS: 1. EMPLOYMENT AT A JOB THAT PAYS A LIVABLE WAGE 2. ASSUMING AN APPROPRIATE LEVEL OF DEBT 3. B UILDING SAVINGS EQUAL TO THREE MONTH'S WORTH OF LIVING EXPENSES 4. EXITING GOVERNMENT ASSI STANCE PROGRAMS A QUOTE FROM ONE ONWARD AND UPWARD PARTICIPANT: "THANKS TO THE PROGRAM AND GREAT SUPPORT FROM [MY SOCIAL WORKER], I WAS ABLE TO COMPLETE THE NURSING PROGRAM DESPITE THE DISTANCE. ONWARD & UPWARD PROVIDED ME WITH ASSISTANCE FOR TRANSPORTATION (BUS PASSES AND/OR GAS CARDS) SO THAT I COULD TRAVEL 80 MILES ONE WAY TO ATTEND CLASSES. I AM VERY GRA TEFUL OF HAVING THIS PROGRAM AVAILABLE TO ME. THANK YOU SO VERY MUCH!"

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FORM 990 PART III LINE 4B	FINANCIAL LITERACY PROGRAM - CATHOLIC CHARITIES FINANCIAL LITERACY PROGRAM CONSISTS OF WOR KSHOPS; GENERALLY 3 TO 4 HOUR CLASSES INTENDED TO ENGAGE PARTICIPANTS, TEENS, YOUNG ADULTS , AND ADULTS, OF LOW TO MODERATE INCOME ON VARIOUS BUDGETING AND MONEY MANAGEMENT TOPICS. IN FISCAL YEAR 2018, WE PROVIDED FINANCIAL LITERACY WORKSHOPS TO 389 INDIVIDUALS, REPRESEN TING ALL WALKS OF LIFE. THE OVERALL IMPACT OF THE PROGRAM IS THAT PARTICIPANTS GAIN FINANC IAL STABILITY THROUGH IMPROVED FINANCIAL LITERACY. CONCEPTS DISCUSSED IN THE CLASSES INCLU DE: THE DIFFERENCE BETWEEN NEEDS AND WANTS, ESTABLISHING SAVINGS, SETTING LONG-TERM FINANC IAL GOALS, RETIREMENT PLANNING, ASSET BUILDING, CREDIT SCORES/CREDIT BUILDING, AND VARIOUS BUDGETING TECHNIQUES. THE PROGRAM HELPS PARTICIPANTS AVOID FINANCIAL PLANNING MISTAKES AN D LEARN HOW TO USE MONEY TO BOTH EMPOWER THEIR LIVES AND ATTAIN LONG-TERM LIFE GOALS. THE END OBJECTIVE FOR ALL PARTICIPANTS IS TO BUILD ASSETS AND GAIN FINANCIAL INDEPENDENCE. THE WORKSHOP MATERIALS AND OVERALL ATMOSPHERE WELCOMES CONVERSATION ON MONEY MANAGEMENT AND T OUCHES ON THE EMOTIONAL COMPONENTS OF OVERSPENDING. THE FACILITATOR OF THE CLASS WORKS TO ESTABLISH GOOD RAPPORT WITH PARTICIPANTS TO MAKE THEM FEEL COMFORTABLE TALKING ABOUT PERSO NAL FINANCES, AND MAKES REFERRALS TO SERVICE PROVIDERS WHEN NEEDS ARE IDENTIFIED. ALL PART ICIPANTS ARE PROVIDED A FOLDER WITH FINANCIAL RESOURCES, BUDGETING TOOLS, AND A FREE CALEN DAR. CLASSES ARE HELD AT VARIOUS LOCATIONS IN THE COMMUNITY, SUCH AS THE ROCHESTER PUBLIC LIBRARY AND HAWTHORNE EDUCATION CENTER, AND SCHEDULED GROUP CLASSES WITH INTERESTED COMMUN ITY PARTNERS THAT WISH TO HAVE CLASSES AT THEIR LOCATION SUCH AS THE WOMEN'S SHELTER, ALTE RNATIVE LEARNING CENTER FOR TEENS, AND LINK (LIVING INDEPENDENTLY WITH KNOWLEDGE FOR TEENS AND YOUNG ADULTS). THROUGH A SPECIAL TEEN CURRICULUM, OUR PROGRAM ALSO WORKS TO ADDRESS T HE NEED FOR FINANCIAL LITERACY TRAINING FOR TEENS AND YOUNG ADULTS IN OUR COMMUNITY. AMERI CAN TEENS, WHEN COMPARED TO OTHER COUNTRIES, WERE FOUND TO BE DEFICIENT IN FINANCIAL LITER ACY SKILLS AND WERE UNABLE TO UNDERSTAND QUESTIONS ON FINANCES BEYOND DISCERNING BETWEEN N EEDS AND WANTS. FOR TEENS AND YOUNG ADULTS, THE CLASSES ARE EARLY PREVENTION OF FINANCIAL PLANNING MISTAKES WITH THE BUILDING OF MONETARY KNOWLEDGE AND SKILLS, COMMUNITY FINANCIAL RESOURCES AND THE CONFIDENCE IN MAKING DECISIONS AND GOALS FOR THEIR ECONOMIC WELLBEING. A SOCIAL WORKER ATTENDED A CLASS RECENTLY WITH ONE OF HER CLIENTS WHO IS A SENIOR AT THE AL TERNATIVE LEARNING CENTER (ALC). THIS STUDENT IDENTIFIED AS HAVING DIFFICULTY AT HOME AND WAS ASKED TO MOVE OUT. THE SOCIAL WORKER WANTED THIS STUDENT TO GET THE FINANCIAL LITERACY GROUNDWORK TO HELP HIM ESTABLISH HIS UNDERSTANDING OF FINANCIAL DECISIONS WHEN HE IS ON H IS OWN. HIS QUESTIONS TO BETTER UNDERSTAND FINANCIAL TERMS DURING THE CLASS WERE GREAT EXA MPLES FOR THE ADULTS THAT WERE ATTENDING AS WELL. WHEN WE WERE TEACHING A CLASS AT ALC, TH IS STUDENT STOPPED IN AND SHAR

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FORM 990 PART III LINE 4B	ED HIS EXPERIENCE WITH THE REST OF CLASS AND HOW HELPFUL THE INFORMATION WAS THAT HE RECEI VED. HE ALSO STATED HE FELT MORE EMPOWERED TO GO FORWARD ON HIS OWN AND NOW KNOWS HOW IMPO RTANT IT IS TO CONTROL AND UNDERSTAND YOUR OWN FINANCES. WE APPLAUD THE SOCIAL WORKER FOR HER INSIGHT IN USING OUR PROGRAM AS A RESOURCE AND THE YOUNG PERSON FOR HIS OPENNESS TO LE ARNING FOR HIS FINANCIAL FUTURE. WE SEE FINANCIAL LITERACY AS THE FOUNDATION FOR EMPOWERME NT IN ALL AREAS OF LIFE. MONEY DOES NOT BUY HAPPINESS BUT IT DOES INFLUENCE OUR PERCEPTION OF HAPPINESS AND OUR POTENTIAL OF SUCCESS.

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FORM 990 PART III LINE 4D	PARISH SOCIAL MINISTRY - THE PARISH SOCIAL MINISTRY (PSM) PROGRAM EXISTS TO PROVIDE EDUCAT ION AND ADVOCACY FOR CATHOLIC SOCIAL TEACHING IN PARISHES, SCHOOLS, AND LOCAL AGENCIES. "T HE CHURCH CANNOT NEGLECT THE SERVICE OF CHARITY ANY MORE THAN SHE CAN NEGLECT THE SACRAMEN TS AND THE WORD." THE CHURCH HAS A 'THREEFOLD RESPONSIBILITY' TO PROCLAIM THE WORD OF GOD, CELEBRATE THE SACRAMENTS, AND EXERCISE THE MINISTRY OF CHARITY. "THESE DUTIES PRESUPPOSE EACH OTHER AND ARE INSEPARABLE" (GOD IS LOVE - POPE BENEDICT XVI). THESE WORDS FROM POPE B ENEDICT TELL OF THE NEED TO PUT OUR FAITH INTO ACTION, AND THIS IS THE PRIMARY WORK OF THE PSM PROGRAM. THE PSM PROGRAM THIS PAST YEAR WAS COMPRISED OF A TEAM OF TWO WITH THE DIREC TOR OF PSM HOUSED IN THE WINONA OFFICE, AND A COORDINATOR OF PSM IN THE WORTHINGTON DEANER Y. THE COORDINATOR IN WORTHINGTON IS FREE TO FOCUS PRIMARILY IN THE DEANERY, WHILE THE DIR ECTOR IS RESPONSIBLE FOR THE WHOLE DIOCESE AND HAS OVERSITE OF THE COORDINATOR. WORK BEGAN LAST YEAR TO HIRE A COORDINATOR FOR THE MANKATO DEANERY, AND WAS SUCCESSFULLY COMPLETED L ATE THIS SUMMER, MEANING THE PSM OFFICE WILL SOON BE A TEAM OF THREE. THE DIOCESAN SOCIAL CONCERNS COMMITTEE, FORMED FOUR YEARS AGO, IS A SIGNIFICANT GROUP IN THE WORK OF PSM. THER E ARE CURRENTLY TEN MEMBERS OF THIS COMMITTEE, WHICH INCLUDES THE PSM TEAM IN ITS MEMBERSH IP. THE SOCIAL CONCERNS COMMITTEE HELPS PLOT THE DIRECTION OF THE WORK OF PSM. ON SEPTEMBE R 27, 2017, POPE FRANCIS OPENED THE TWO YEAR CAMPAIGN, SHARE THE JOURNEY. THIS CAMPAIGN IS FOCUSED ON SEEKING JUSTICE FOR THE REFUGEE AND IMMIGRANT. TO THAT END, PSM COORDINATED TW O RETREATS ENTITLED "COMPANIONS ON THE JOURNEY." THE PURPOSE OF THESE RETREATS WAS TO BRIN G HISPANIC AND ANGLO PEOPLE TOGETHER IN AN ENCOUNTER WITH ONE ANOTHER. TALKS DURING THE RE TREAT WERE GIVEN ALTERNATELY IN SPANISH AND ENGLISH, AND HEADSETS WERE PROVIDED FOR INSTAN T TRANSLATION. THERE WERE 46 PARTICIPANTS IN THE WEST RETREAT IN IONA, AND 54 IN THE EAST RETREAT HELD AT ST. CHARLES FOR A TOTAL OF 100. ONE OF THE PRIMARY FOCUSES OF THE SOCIAL C ONCERNS COMMITTEE AND THE PSM TEAM IS TO FORM SMALL BASE COMMUNITIES AT THE PARISH LEVEL. PROGRESS HAS BEEN MADE IN THIS AREA. AT ST. CATHERINE IN LUVERNE, THE WORTHINGTON COORDINA TOR EXPANDED ONE BIBLE STUDY OF ABOUT 10 PEOPLE TO FOUR BIBLE STUDIES WITH A TOTAL NUMBER OF 70. THE DIRECTOR WROTE A BIBLE STUDY ON THE "SEVEN THEMES OF CATHOLIC SOCIAL TEACHING", AND LAUNCHED THIS IN JANUARY, 2018 AT ST. MARY'S IN WINONA. THIS BIBLE STUDY IS DISCUSSIO N BASED AND FOCUSED ON PUTTING FAITH INTO ACTION. A FEW OTHER PARISHES HAVE USED THE BIBLE STUDY. IT IS OUR HOPE THAT IT WILL CONTINUE TO BE CIRCULATED THROUGHOUT THE DIOCESE. ANOT HER BIBLE STUDY IS BEING WRITTEN ON THE THEME OF "LIFE AND DIGNITY OF THE HUMAN PERSON" AS A FOLLOW-UP TO THE SEVEN THEMES STUDY. IT WILL BE READY IN 2019. THIS STUDY AND OTHER BIB LE STUDIES ARE A CURRENT FOCUS IN FORMING SMALL BASE COMMUNITIES. ANOTHER TYPE OF SMALL BA SE COMMUNITY IS THE SOCIAL CON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4D	CERNS COMMITTEES. THE DIRECTOR HAS FORMED A WINONA BASED SOCIAL CONCERNS COMMITTEE RECENTL Y, AND OTHER COMMITTEES ARE ACTIVE IN THE DIOCESE. THE COORDINATOR IN THE WORTHINGTON DEAN ERY ALSO HELPED START THE GROUP "LUV 1 LUV ALL" IN LUVERNE, TO CREATE OPPORTUNITIES TO HEL P PEOPLE MOVE OUT OF POVERTY. THE PSM TEAM IS AVAILABLE FOR ANY GROUPS WHO NEED DIRECTION OR FORMATION. THE COORDINATOR IN WORTHINGTON HELPED TO COORDINATE A SUCCESSFUL PROGRAM IN PIPESTONE LAST YEAR WITH A SERIES OF TALKS ON LIFE ISSUES WHICH INCLUDED ETHICS OF LIVING WILLS, CATHOLIC PARENTING AND ASSISTED SUICIDE. THE WORTHINGTON COORDINATOR ALSO WAS INVIT ED TO SPEAK AT MINISTRY DAYS IN JUNE, THE ANNUAL CONFERENCE OF THE DIOCESE OF WINONA-ROCHE STER, ON DISCIPLESHIP AS IT PERTAINS TO CATHOLIC SOCIAL TEACHING. RELATED TO WORK WITH CAT HOLIC RELIEF SERVICES, THE DIRECTOR IS THE CONTACT PERSON FOR THE RICE BOWL COLLECTION, AN D FOR THE FUNDS HELD LOCALLY FROM THAT COLLECTION. THESE FUNDS ARE DISTRIBUTED TO LOCAL ST . VINCENT DE PAUL GROUPS AND OTHER AGENCIES FOR HELP TO INDIVIDUALS WHO CAN'T PAY UTILITIE S AND OTHER RELATED FINANCIAL ISSUES. THE DIRECTOR IS THE CONTACT FOR THE CATHOLIC CAMPAIG N FOR HUMAN DEVELOPMENT (CCHD) CAMPAIGN THAT HOLDS ITS COLLECTIONS IN NOVEMBER. CCHD RETUR NS 25% TO OUR DIOCESE TO BE AWARDED LOCALLY. THIS IS "THE WORKS OF JUSTICE" FUND. THIS FUN D WAS LARGELY UNTAPPED IN RECENT YEARS, BUT $5,000 WAS AWARDED TO A PROGRAM ENTITLED "DREA M CATCHERS" IN THE WORTHINGTON AREA LAST YEAR. THIS PROGRAM EXISTS TO CREATE A SENSE OF ES TEEM AND BUILDS LEADERSHIP ABILITY AMONG IMMIGRANT CHILDREN IN THE AREA. WITH AN INCREASE OF PROMOTION, MORE THAN A DOZEN ORGANIZATIONS INQUIRED ABOUT THE WORKS OF JUSTICE FUND FOR THIS COMING YEAR, AND AS MANY AS SIX ORGANIZATIONS WILL BE APPLYING FOR AWARDS IN THE UPC OMING FUNDING CYCLE. DISASTER RECOVERY ALSO FALLS UNDER THE JURISDICTION OF PSM. PAYOUTS W ERE MADE TO PEOPLE AFFECTED BY THE FLOOD IN SEPTEMBER OF 2016 TO VICTIMS IN FREEBORN AND W ASECA COUNTIES. A TOTAL OF 16 FAMILIES AND INDIVIDUALS RECEIVED AID, WITH 12 IN THE PAST Y EAR. THE TOTAL FUNDING AWARDED FOR FY2018 WAS $16,251. THE PSM DIRECTOR ALSO OVERSEES THE COORDINATOR OF THE WINONA COUNTY WARMING CENTER, WHICH IS AN OVERNIGHT SHELTER OPEN DURING THE WINTER MONTHS FROM NOVEMBER 1 UNTIL MARCH 31 EACH YEAR. THE WARMING CENTER, OPERATING IN ITS SECOND YEAR, PROVIDED OVERNIGHT SHELTER TO 48 DIFFERENT GUESTS. THE WARMING CENTER , STAFFED BY VOLUNTEERS, WAS OPEN EVERY NIGHT, INCLUDING THE HOLIDAY SEASON. THERE WERE 18 9 DIFFERENT VOLUNTEERS WHO LOGGED 3,316 HOURS. THE WINONA COUNTY WARMING CENTER PROVIDED 4 8 GUESTS WITH A TOTAL OF 606 NIGHTS OF SHELTER, WHICH REPRESENTED 40.1% OF OUR CAPACITY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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
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 FROM THE DIOCESE OF WINONA-ROCHESTER, A RELATED ORGANIZATION. HE DECLINED PERMISSION TO HAVE THIS INFORMATION INCLUDED IN OUR FORM 990.