Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Catholic Charities of the Archdiocese of Address change Saint Paul and Minneapolis Name change 41-1302487 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1007 E 14th St 612-204-8500 City or town, state or province, country, and ZIP or foreign postal code 95,985,179. G Gross receipts \$ Amended Minneapolis, MN 55404 H(a) Is this a group return Applica-F Name and address of principal officer: Michael Goar for subordinates? Yes X No pendina same as C above H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list, See instructions www.cctwincities.org J Website: H(c) Group exemption number 0928 K Form of organization: X Corporation Trust Other L Year of formation: 1977 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: Dedicated to serving those most Governance in need and advocating for justice in the community if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 35 Number of independent voting members of the governing body (Part VI, line 1b) 35 4 Activities & Total number of individuals employed in calendar year 2022 (Part V, line 2a) 772 5 6 Total number of volunteers (estimate if necessary) 3174 6 65,311. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 52,185. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 17,343,590. 22,102,435. Revenue 32,009,052. 9 Program service revenue (Part VIII, line 2g) 35,206,081. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,405,079. 533,522. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 158,713. 13,511,467. 62,113,463. 68,156,476. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,937,337. 3,299,205. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 35,628,079. 36,512,734. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,692. **b** Total fundraising expenses (Part IX, column (D), line 25) 20,425,140. 21,431,203. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58,990,556. 61,245,834. 3,122,907. 19 Revenue less expenses. Subtract line 18 from line 12 6,910,642. Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 172,614,214. 170,950,221. 73,314,625 21 Total liabilities (Part X, line 26) 59,997,577. 99,299,589. 110,952,644. Net assets or fund balances. Subtract line 21 from line 20 . 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. Signature of officer Sign Michael Goar, President & CEO Here Type or print name and title Print/Type preparer's name Preparer's signature 04/16/24 Paid Deb Nelson, CPA Deb Nelson, CPA P01264758 Eide Bailly LLP Preparer Firm's name Firm's EIN 45-0250958 Use Only Firm's address 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033 Phone no. 612-253-6500 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	Catholic Charities of the Archdiocese of 1990 (2022) Saint Paul and Minneapolis 41-1302487 Page 2
	rt 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 St. Paul and Minneapolis serves those most in
	need. Catholic Charities is a leader at solving poverty, creating
	opportunity, and advocating for justice in the community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program 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 \$32,850,895. including grants of \$3,155,715.) (Revenue \$17,788,585.)
	Housing Stability Services:
	Catholic Charities offers a wide array of services for those
	experiencing or at risk of homelessness in the Greater Minneapolis-St.
	Paul region including: drop-in opportunity centers, transitional and
	permanent housing solutions and emergency shelters. These options are
	available to single men, single women, families and youth.
	During the year ending June 30, 2023 these programs served over 25,000
	people and provided more than 703,000 bed nights to homeless and
	low-income individuals. Additional services included meals, hygiene
	support, transportation; physical and mental health services, job
4b	(Code:) (Expenses \$3,962,775. including grants of \$32,291.) (Revenue \$3,742,170.)
	Children and Family Services:
	Children and Family Services programs offer an array of specialized
	services to children, from birth to age 17, and their families. 15% of
	our clients are children under the age of 18, totaling over 3,700.
	These services focus on supporting them through emergency family
	shelter, early childhood care, and day mental health treatment
	programs. These services focus on the incredible potential that
	children have to grow into healthy adults and contributing members of
	the community.
4c	(Code:) (Expenses \$8,872,249. including grants of \$107,189.) (Revenue \$10,258,618.)
	Aging and Disability Services:
	Services provided by this division include care management and elder
	homeless services to older adults and persons with disabilities in
	Ramsey and Hennepin Counties so that they can remain in the community
	and live in the least restrictive environment possible. Care management
	and homeless elder services are based on a multi-dimensional assessment
	that leads to the development of a person-centered care plan, the
	arrangement of needed services, monitoring of services and
	re-assessment. In FY 2023, more than 6,700 elders were supported in

their homes by the division through contracts with local health care plans and the division did in-reach into emergency shelters operated by

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

4,619,711. including grants of \$ 4,010.) (Revenue \$ 13,581,425.)

50,305,630. Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8_		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b			77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	1/16	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 22	
IJ		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	"		_
.5		19		Х
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		 -
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		Х
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2022) Saint Paul and Minneapolis

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	Х	
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		3.7	
Dai	Note: All Form 990 filers are required to complete Schedule 0	38	X	l
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	5.1		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 294 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable			
b	Enter the number of Fernie W Zermoldeed of line 14. Enter 6 if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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

				Yes	No						
2 a	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	•		37							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X							
3a	· · · · · · · · · · · · · · · · · · ·		3a 3b	X							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	a 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)?										
D	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).										
		, ,	F-		Х						
_			5a 5b		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5c								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-T?		50								
Va	any contributions that were not tax deductible as charitable contributions?		6a		Х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions		- Oa								
	were not tax deductible?	ŭ	6b								
7	Organizations that may receive deductible contributions under section 170(c).		0.0								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	s provided to the payor?	7a	Х							
b		, , , , , , , , , , , , , , , , , , , ,	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re										
	to file Form 8282?	'	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 76	ı									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	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		X						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the state of the state	the									
	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b			9b								
10	Section 501(c)(7) organizations. Enter:	1									
a	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b									
11	Section 501(c)(12) organizations. Enter:	_1									
_	Gross income from members or shareholders	a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	h									
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	•	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	u								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-									
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	b									
С	Enter the amount of reserves on hand	С									
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuneration										
	excess parachute payment(s) during the year?		15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ome?	16		X						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

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

						X							
Sec	tion 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	35										
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 35												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?			2		X							
3													
	of officers, directors, trustees, or key employees to a management company or other person?			3		X							
4													
5													
6	Did the organization have members or stockholders?			6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or										
	more members of the governing body?			7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or										
	persons other than the governing body?			7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea												
а	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re												
			,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.												
	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	befo	e filing the form?	11a	X								
b													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." a	escribe										
	on Schedule O how this was done			12c	X								
13	Did the organization have a written whistleblower policy?			13	X								
14	Did the organization have a written document retention and destruction policy?			14	X								
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	X								
	Other officers or key employees of the organization			15b	X								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a										
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C	A,C	O,CT,DE,FL	, GA	HI,	, ID							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)s	only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain	on So	chedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			financ	cial								
	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 boo	ks an	d records										
	Richard Johnson - 612-204-8500												
	1007 East 14th St Minneapolis MN 55404												

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			200	Reportable	Reportable	Estimated
	hours per	box	do not check more than one bx, unless person is both an fficer and a director/trustee)					compensation	compensation	amount of
	week		cer an	nd a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99/	neu		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	Institutional trustee	_	Key employee	st col	Je.	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) Michael Goar	40.00									
President & CEO	0.00			Х				254,236.	0.	36,751.
(2) Richard R Johnson	40.00									
Treasurer/VP & CFO	1.00			X				185,504.	0.	39,251.
(3) Elizabeth Knight	40.00									
General Council	0.00			Х				156,120.	0.	27,419.
(4) Jessica Meyerson	40.00								_	
Chief Accountability Officer	0.00				Х			162,962.	0.	18,599.
(5) Wendy Underwood	40.00							456.005		4= 000
Senior Director of Advocacy and Gov.	0.00				Х			156,805.	0.	17,008.
(6) Keith Kozerski	40.00							140 005	•	10 10 5
Chief Program Officer	0.00			Х				149,285.	0.	19,495.
(7) Michael McRath	40.00							150 100	•	40 505
Chief HR Officer	0.00				Х			153,198.	0.	13,707.
(8) Paul Deakins	40.00							146 065	•	- 4
Director of Development	0.00					Х		146,867.	0.	7,457.
(9) Ellen Margaret King	40.00							106 000	•	00 004
Senior Division Director	0.00					Х		126,892.	0.	23,974.
(10) Thomas Krolak	40.00			,,				100 500	0	24 741
Asst Treasurer/Controller	0.00			Х				109,569.	0.	34,741.
(11) John Mason-Director of	40.00					,,		115 201	0	26 444
Diversity, Equity, and Inclusion	0.00					Х		115,381.	0.	26,444.
(12) Carol Engstrom-Manager of	40.00					x		102 660	0.	20 750
Financial Planning and Analysis (13) Abigail L. Stone	40.00					^		103,669.	0.	32,752.
Director of Facilities Management	0.00					x		106 002	0.	22 011
(14) Desirae Butler	1.00					Δ		106,093.	0.	23,011.
Board Chair		Х		х				0	0	0.
(15) Nick Alfano	1.00	^		Δ.				0.	0.	. .
Board Member	0.00	Х						0.	0.	0.
(16) Keith Anderson	1.00	-23							0.	
Board Member	0.00	Х						0.	0.	0.
(17) Heather Anfang	1.00								•	•
Board Member	0.00	Х						0.	0.	0.
									<u></u>	= 000 (cccc)

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B	· · · ·			_					41 1502	407 Tage 9			
Section A. Officers, Directors, Trustees, Rey Employees, and riighest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	box	box, unless person is both a						than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations			
(18) Barb Baumann	1.00							_	_	_			
Board Member	0.00	Х						0.	0.	0.			
(19) Greg Chamberlain	1.00												
Board Member	0.00	Х						0.	0.	0.			
(20) Kris Cotrone	1.00							_	_	_			
Board Member	0.00	Х						0.	0.	0.			
(21) Joe Donnelly	1.00							_	_	_			
Board Member	0.00	Х						0.	0.	0.			
(22) Lynette Dumalag	1.00							_	_	_			
Board Member	0.00	Х						0.	0.	0.			
(23) Christine Esckilsen	1.00												
Board Member	0.00	Х						0.	0.	0.			
(24) Archbishop Bernard Hebda	1.00												
Ex Officio Board Member	0.00	Х						0.	0.	0.			
(25) Rev. Charles Lachowitzer	1.00												
Board Member	0.00	Х						0.	0.	0.			
(26) Ann Lenczewski	1.00												
Board Member	0.00	X						0.	0.	0.			
1b Subtotal								1,926,581.	0.	320,609.			
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.			
d Total (add lines 1b and 1c)					····			1,926,581.	0.	320,609.			

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

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

Section B. Independent Contractors

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)	(C)
	Description of services	Compensation
T2 Commercial Cleaning, LLC		
PO Box 1410044, Minneapolis, MN 55414	Janitorial	1,907,968.
C&C Food Services Inc		
PO Box 11571, Minneapolis, MN 55411	Food Service	1,184,692.
Talon Investigation Ltd		
335 N River St Ste 200, Batavia, IL 60510	Security	880,113.
Prescription Landscape		
481 Front Avenue, St. Paul, MN 55117	Landscape Services	616,018.
Temp Social Work, 1056 Highway 96 E		
#270703, St. Paul, MN 55127	Contract Social Work	381,687.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 15		

21

	nplo	yees		id H	ighe	est (Compensated Employe	es (continued)	
									
3)			(C	;)			(D)	(E)	(F)
age			Posi	tion			Reportable	Reportable	Estimated
ırs	(cł	neck	all t	hat a	appl	ly)	compensation	compensation	amount of
er							from	from related	other
ek	_				oyee		the	organizations	compensation
any	irecto				emp		organization	(W-2/1099-MISC)	from the
s for ted	e or d	tee			sated		(W-2/1099-MISC)		organization and related
ations	ruste	ıl trus		ee /ee	треп				organizations
ow	Individual trustee or director	nstitutional trustee	_	Key employee	Highest compensated employee	Je.			organizations
e)	Indivi	Institu	Officer	Key e	Highe	Former			
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	x						n	n	0.
	27						0.	0.	· ·
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Form 990

Name and title	41-130	<u> </u>
Co Position Coheck all that apply) Reportable compensation from the organizations below line 1.00 Board Member 0.00 X 0.00 Coheck all that apply) From the organization from the organization from the organizations below line 0.00 X 0.00 Coheck all that apply) From the organization from the organization (W-2/1099-MISC) Coheck all that apply) From the organization (W-2/1099-MISC) Coheck all that apply) From the organization from the from the from the from the organization from the from the from the from the organization from the from the from the from the organization from the from	rees (continued)	
Name and title	(E)	(F)
hours per week (list any hours for related organizations below line) 1.00 2.	Reportable	Estimated
Per Week (list any hours for related organizations below line) Per Per	compensation	amount of
week (list any hours for related organizations) below line) age of the program of the organization (w-2/1099-MISC) age of the program of the organization of the orga	from related	other
Clist any hours for related organizations below line 1.00 1	organizations	compensation
1.00 Board Member 0.00 X 0.	(W-2/1099-MISC)	from the
1.00 Board Member 0.00 X 0.	(** 27 1033 141100)	organization
1.00 Board Member 0.00 X 0.		and related
1.00 Board Member 0.00 X 0.		organizations
1.00 Board Member 0.00 X 0.		organizations
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Board Member 0.00 X 0.00	0.	0.
Solution Solution		
Board Member	0.	0.
Sard Member Sard Member Sard Member Sard Member Sard Member Sard Member Sard Member (Left Mid-Year) Sard Member (Left Mid-Year) Sard Member (Left Mid-Year) Sard Member Sard Mem		_
Board Member 0.00 X 0.00	0.	0.
Source S		
Board Member (Left Mid-Year) 0.00 X 0.	0.	0.
Sandy Kahnke		
Board Member 0.00 X 0. (54) Tim Kosiek 1.00 X 0. Board Member 0.00 X 0. (55) Paul Narog 1.00 X 0. Board Member 0.00 X 0. (56) Keenan Raverty 1.00 X 0. Board Member 0.00 X 0. (57) Sr Stephanie Spandl 1.00 X 0. Board Member 0.00 X 0. (58) Nate Wenner 1.00 X 0. Board Member 0.00 X 0. (59) Lance Bonner 1.00 0.	0.	0.
Second Member Second Membe		
Second Member Second Membe	0.	0.
Board Member 0.00 X 0.00 X (55) Paul Narog 1.00 X 0.00 X Board Member 0.00 X 0.00 X (56) Keenan Raverty 1.00 X 0.00 X Board Member 0.00 X 0.00 X (57) Sr Stephanie Spandl 1.00 X 0.00 X Board Member 0.00 X 0.00 X (58) Nate Wenner 1.00 X 0.00 X Board Member 0.00 X 0.00 X (59) Lance Bonner 1.00 X 0.00 X		
Solution Solution	0.	0.
Board Member 0.00 X 0.00		
1.00 Nate Wenner 1.00 Nate Board Member 1.00 Nate Board Member	0.	0.
Board Member 0.00 X 0.00		
(57) Sr Stephanie Spandl 1.00 Board Member 0.00 (58) Nate Wenner 1.00 Board Member 0.00 (59) Lance Bonner 1.00	0.	0.
Board Member 0.00 X 0.	+	
(58) Nate Wenner 1.00 Board Member 0.00 (59) Lance Bonner 1.00	0.	0.
Board Member 0.00 X 0.00 X (59) Lance Bonner 1.00 X 0.00 X	1 0.	+ • •
(59) Lance Bonner 1.00		
	0.	0.
Board Member (Left Mid-Year) 0.00 X 0.		
	0.	0.
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	<u> </u>	<u> </u>
 		
	+	
Total to Part VII, Section A, line 1c		

41-1302487

Form 990 (2022) Saint Per 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			
S (0	1 4	Federated campaigns	1a		114,253.				000110110 0 12 0 1 1			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1	111,233.							
يَجُ وَا		Fundraising events		_	453,550.							
fts, A		Related organizations		_	400,000.							
ig ig		Government grants (contri			100,000.							
Sir		All other contributions, gifts,										
e ti	'	similar amounts not included			21,134,632.							
ë.≢	_	Noncash contributions included in I		•	2,679,400.							
i o		Total. Add lines 1a-1f	ines ia-ii [19	ĮΨ	2,072,100.	22,102,435.						
0 %		i iotali Add lines la-11		<u></u>	Business Code	,,						
	2 a	Program Service Reve	enue		624100	27,701,201.	27701201.					
Nice	Z t	·			531110	4,203,764.	4,203,764.					
Program Service Revenue						- 7 - 1 1 7 1 - 2						
E S		_										
gra Re	6											
Pro		All other program service r	revenue		900099	104,087.	104,087.					
		Total. Add lines 2a-2f				32,009,052.	,					
	3	Investment income (includ				, ,						
						1,209,431.			1209431.			
	4	Income from investment o										
	5	Royalties										
		•	(i) Re	al	(ii) Personal							
	6 a	Gross rents	6a 404	,670.								
		Less: rental expenses	6b 208	,363.								
	c	Rental income or (loss)	6c 196	,307.								
	c	Net rental income or (loss)				196,307.			196,307.			
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other							
		assets other than inventory	7a 26,789	,057.	10,377.							
	k	Less: cost or other basis										
ne		and sales expenses	7b 27,472									
ven	c	Gain or (loss)	7c -682	,968.	7,059.							
ther Revenue		d Net gain or (loss)		<u></u>		-675,909.			-675,909.			
her	8 a	a Gross income from fundraisin										
₫		including \$	153,550. of									
		contributions reported on	•									
		Part IV, line 18										
					144,997.	111 00-			111 00-			
		Net income or (loss) from f				-111,897.			-111,897.			
	9 a	Gross income from gaming										
	_	Part IV, line 19		۱								
		Net income or (loss) from (es								
	10 a	Gross sales of inventory, le		40-								
	L	and allowances		- 1								
		Less: cost of goods sold			יי							
		Net income or (loss) from s	saics UI IIIVENI	υιγ	Business Code							
ns	11 -	Debt Forgiveness Gai	.n		624200	13,361,746.	13361746.					
neo Tue	II a				812930	65,311.		65,311.				
ella						,		, , , , , , , , , , , , , , , , , , , ,				
Miscellaneous Revenue	,	All other revenue										
Σ	-	Total. Add lines 11a-11d				13,427,057.						
	12	Total revenue. See instructio				68,156,476.	45370798.	65,311.	617,932.			

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 (**D**)
Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3,299,205. 3,299,205. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,577,971. 526,763. 1,048,394. 2,814. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 27,307,480. 23,237,907. 2,967,535. 1,102,038. 7 Pension plan accruals and contributions (include 766,657. 638,262. 88,301. 40,094. section 401(k) and 403(b) employer contributions) 181,700. 4,278,850. 4,637,485. 176,935. Other employee benefits 9 2,223,141. 1,727,605. 414,806. 80,730. 10 Payroll taxes 11 Fees for services (nonemployees): Management 100,575. 100,575. Legal 155,895. 48,129. 100,880. 6,886. Accounting 135,958. 135,958. Lobbying 2,692. 2,692. Professional fundraising services. See Part IV, line 17 39,000. 39,000. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,188,186. 2,450,994. 1,459,867. 277,325. column (A), amount, list line 11g expenses on Sch O.) 28,418. 1,160. 20,601. 6,657. Advertising and promotion 12 979,403. 443,230. 223,495. 312,678. 13 Office expenses 545,206. 1,137,196. 257,226. 150,784. 14 Information technology Royalties 15 5,286,800. 826,676. 7,366. 4,452,758. 16 Occupancy 149,101. 134,818. 10,912. 3,371. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 269,723. 67,920. 198,973. 2,830. Conferences, conventions, and meetings 19 644,257. 52,783. 18,313. 715,353. 20 Payments to affiliates 21 3,557,872. 3,110,999. 76,632. 370,241. Depreciation, depletion, and amortization 22 532,595. 458,489. 62,078. 12,028. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,523,665. 2,523,665. Food Program Supplies 396,385. 396,026. 356. 3. 245,776. 291,839. 45,665. 398. Janitorial 262,399. 262,399. d Bad Debt 272,830. 83,264. 170,933. 18,633. **e** All other expenses 61,245,834. 50,305,630. 8,636,232. 2,303,972. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	Part X Balance Sheet						
		Check if Schedule O contains a response or note to any line in this Part X					
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	6,914,568.	2	9,292,857.		
	3	Pledges and grants receivable, net	2,537,439.	3	2,129,295.		
	4	Accounts receivable, net	9,720,490.	4	7,345,593.		
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
Ŋ.	7	Notes and loans receivable, net	15,652,965.	7	15,683,092.		
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	1,405,332.	9	4,153,892.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 109,462,562.					
	b	Less: accumulated depreciation 10b 36,234,993.	76,487,572.	10c	73,227,569.		
	11	Investments - publicly traded securities	40,236,252.	11	36,360,278.		
	12	Investments - other securities. See Part IV, line 11	19,659,596.	12	20,439,776.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	2,317,869.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	172,614,214.	16	170,950,221.		
	17	Accounts payable and accrued expenses	7,065,314.	17	5,875,015.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
iab		controlled entity or family member of any of these persons	60 554 000	22	10 501 000		
	23	Secured mortgages and notes payable to unrelated third parties	62,751,022.	23	49,591,000.		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 400 000		4 531 560		
		of Schedule D	3,498,289.		4,531,562.		
	26	Total liabilities. Add lines 17 through 25	73,314,625.	26	59,997,577.		
S		Organizations that follow FASB ASC 958, check here					
Ce		and complete lines 27, 28, 32, and 33.	02 012 442		07 010 710		
alar	27	Net assets without donor restrictions	82,913,443.	27	97,219,712.		
Ä	28	Net assets with donor restrictions	16,386,146.	28	13,732,932.		
ŭ		Organizations that do not follow FASB ASC 958, check here					
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds		29			
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	00 200 500	31	110 052 644		
Š	32	Total net assets or fund balances	99,299,589.	32	110,952,644.		
	33	Total liabilities and net assets/fund balances	172,614,214.	33	170,950,221.		

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Form 990 (2022) Saint Paul and Minneapolis

Part XI Reconciliation of Net Assets

41-1302487 Page **12**

Га	Neconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,15</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,24		
3	Revenue less expenses. Subtract line 2 from line 1	3	6	,91	0,6	<u>42.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,29		
5	Net unrealized gains (losses) on investments	5	3	,62	3,7	<u>95.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,11	8,6	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	110	,95	2,6	44.
Pai	t 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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	Х	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2022)

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Catholic Charities of the Archdiocese of **Employer identification number** Name of the organization Saint Paul and Minneapolis 41-1302487 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

Saint Paul and Minneapolis

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	19607452.	26638544.	28844682.	17343590.	22102435.	114536703	
2	Tax revenues levied for the organ-							
	ization'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	19607452.	26638544.	28844682.	17343590.	22102435.	114536703	
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.						114536703	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	19607452.	26638544.	28844682.	17343590.	22102435.	114536703	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1012742.	1303476.	1214017.	1969361.	1647201.	7146797.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on					10,959.	10,959.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	168,518.	3233875.	2166873.		13361746.		
11	Total support. Add lines 7 through 10						140625471	
	Gross receipts from related activities,	•	,				<u>,918,035.</u>	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi						01 45	
	Public support percentage for 2022 (I					14	81.45 %	
	Public support percentage from 2021					15	89.20 %	
16a	33 1/3% support test - 2022. If the							
	stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
D								
17-	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
						-		
L	meets the facts-and-circumstances test 10% -facts-and-circumstances test	· ·	•	,		7a, and line 15 is		
D	more, and if the organization meets the	-					10/0 UI	
	organization meets the facts and circle				-			
12	Private foundation. If the organization				•			
iO	i invate iounidation. Il the organization	an did not check a	DON OH IIIIE TO, TO	u, 100, 17a, 01 17L	, check this bux a	14 300 1131140110118	·	

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Schedule A (Form 990) 2022 Saint Paul and Minneapolis
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

ı		Yes	No
	1		
	2		
	3a		
	3b		
	OD		
	3с		
	4a		
	41.		
	4b		
	4c		
	Fa		
	5a		
	5b		
	5c		
	e		
	6		
	7		
	8		
	Λ-		
	9a		
	9b		
	9с		
	10a		
	10h		
ماررا	10b A (Forn	n 990\	2022
uic	- u vil		

Pa	rt IV Supporting Organizations (continued)			-J
. u	tri capporting organizations (continued)		Yes	No
44	Lies the eventiration accepted a gift or contribution from any of the following nersons?		res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
566	tion B. Type i Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	21/		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Catholic Charities of the Archdiocese of

Schedule A (Form 990) 2022 Saint Paul and Minneapolis 41-1302487 Page 6

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Otl	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Otl	her expenses (see instructions)	7		
8 Ad	justed 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 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Dai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizatione / //	Λ	g
		aj(o) Supporting Orga	nizations (continu	ea)	Orania mt Valan
	on D - Distributions	mat numacas		_	Current Year
	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp		2		
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	,	3		
_ 	Amounts paid to acquire exempt-use assets	s or supported organizations		4	
_ 	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VII)		5	
6	Other distributions (describe in Part VI). See instructions.	DVIGE GELAIIS III I dit VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
. 8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in Part VI). See instructions.	io organization to respondive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
			110 2022		Amount for LoLL
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	·				
	Applied to underdistributions of prior years Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
J	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

41-130<u>2487 Page 8</u>

Saint Paul and Minneapolis Schedule A (Form 990) 2022 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. Part VI (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous Income
2018 Amount: \$ 168,518.
2019 Amount: \$ 1,098,875.
2020 Amount: \$ 1,401,150.
Developer Fee
2019 Amount: \$ 2,135,000.
2020 Amount: \$ 765,723.
Gain on Debt Forgiveness
2022 Amount: \$ 13,361,746.

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number

41-1302487

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\boxed{\mathtt{X}}$ 501(c)($\mathtt{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	D-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization Employer identification number Catholic Charities of the Archdiocese of

Saint Paul and Minneapolis

41-1302487

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$ 1,589,185.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2		\$ <u>800,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3		\$ 666,667.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
4		\$\$ <u>573,689</u> .	Person X Payroll		
(a)	(b)	(c)	(d)		
No5_	Name, address, and ZIP + 4	* S 5 ,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.		

Name of organization
Catholic Charities of the Archdiocese of
Saint Paul and Minneapolis

Employer identification number
41-1302487

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•	Food	_	
1		_	
		\$1,589,185.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		_	
	-	_	
	-	_ •	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
	-	_	
	-	_	
	-	$-\mid ^{\Psi}\mid$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		_	
		_	
		_ *	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noneasin property given	(See instructions.)	Bate received
	-	_	
		_	
		_ \$	
(a)	<i>a</i> ,	(c)	<i>(</i> N
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		_	
		_	
	·	_ _{\$}	

Employer identification number

Name of organization

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis 41-1302487 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

Nam	ne of orga	nization	Catholi	c Charities of t		ese of		identificatio	
Da		Complet	Saint P	aul and Minneapo anization is exempt und	OIIS	or io o costion EO	<u>4</u>	1-13024	18/
1		a description	of the organiz	ation's direct and indirect politi	ical campaign activities i	n Part IV.			
				ures					
3	voluntee	er riours for p	Ontical Campai	gn activities					
Pa	rt I-B	Complet	e if the org	anization is exempt und	der section 501(c)(3).			
1	Enter the	e amount of a	any excise tax	incurred by the organization ur	nder section 4955		\$		
2	Enter the	e amount of a	any excise tax	incurred by organization mana	gers under section 4955		\$		
3	If the org	ganization inc	curred a section	n 4955 tax, did it file Form 472	0 for this year?			Yes	No
4a	Was a co	orrection mad	de?					Yes	No
		describe in F	Part IV.						
	rt I-C			anization is exempt und		-			
				by the filing organization for s			\$		
2				ization's funds contributed to o					
							\$		
3		•	•	. Add lines 1 and 2. Enter here	·				
				1120-POL for this year?				Yes	└─ No
5				ployer identification number (E	·				
	•	•	•	tion listed, enter the amount pa comptly and directly delivered to	0 0			•	
			•	additional space is needed, pro		· ·	parate seç	gregated furid	OI a
	ponnioun	(a) Name		(b) Address	(c) EIN	(d) Amount paid fr	rom /	(e) Amount of	political
		(a) Name		(b) Address	(C) EIIN	filing organization funds. If none, ente	n's cor er -0	ntributions recomptly and lelivered to a spolitical organ of none, ent	ceived and directly separate nization.

Catholic Charities of the Archdiocese of

Saint Paul and Minneapolis Schedule C (Form 990) 2022 41-1302487 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2019 (b) 2020 (d) 2022 (c) 2021(e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures

Schedule C (Form 990) 2022

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

41-1302487 Page 3

Catholic Charities of the Archdiocese of Schedule C (Form 990) 2022 Saint Paul and Minneapolis 41-13024 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:	37			
a Volunteers?	1 7			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	₹7			2,424.
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		Х		1, 141.
g Direct contact with legislators, their staffs, government officials, or a legislative body?			194	1,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				.,000.
i Other activities?	·		=	516.
j Total. Add lines 1c through 1i			197	7,940.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 501	ion 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) ROTH Part III. A lines 1 and 0 are previous		•		0 in
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I NO OR	(D) Part i	II-A, IIIIe	3, 15
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	iticai			
expenses for which the section 527(f) tax was paid).		20		
a Current year				
b Carryover from last yearc Total				
		1 _		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information		,		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	up list); Part II-	A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Part II-B, Line 1, Lobbying Activities:				
Lobbying efforts focused on securing increased public	invest	ments	and	
strengthening policies to address the homelessness cr	riaia r	romot	۵	
			<u>-</u>	
housing and economic stability, and enhance access to	health	ncare.		

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 Inspection

Name of the organization

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Employer identification number 41-1302487

	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds		(b) Funds and ot	ther accoun	ts
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 v		r advised fund	ds		
	are the organization's property, subject to the organization's	•			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	-				
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?				Yes	☐ No
Pa		ganization answered "Yes" on Forn	n 990, Part IV,	, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preserva	ation of a histo	orically importan	t land area	
	Protection of natural habitat	Preserva	ation of a certi	ified historic stru	ıcture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	e form of a co	nservation easer	ment on the	last
	day of the tax year.			Held at th	ne End of the	Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organi	ization during the	e tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handl	ing of		_	
	violations, and enforcement of the conservation easements it	holds?		L	Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcir	ng conservation	on easements du	iring the yea	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	nservation ea	sements during	the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	on 170(h)(4)(B)	ı(i)		
					Yes	☐ No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn		•			
	organization's accounting for conservation easements.	Ğ				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Asset	s.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ment and bala	ance sheet work	S	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	ch in furtherar	nce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	se items.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statemer	nt and balance	e sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public servic	e,	
	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 treation					
	the following amounts required to be reported under FASB A		3 /1	.		
а	Revenue included on Form 990, Part VIII, line 1	· ·		\$		
	Assets included in Form 990, Part X					

Par	t III	Organizations Maintaining C	ollections of Art,	, Historic	al Tre	asures, o	r Other	Simila	r Asse	ts _{(contii}	nued)	
3	Using	g the organization's acquisition, accession	on, and other records	, check any	of the fo	ollowing that	make sig	gnificant ι	use of its	3		
	colle	ction items (check all that apply):										
а		Public exhibition	d	Loa	n or exch	nange progra	am					
b		Scholarly research	е			0.0						
С		Preservation for future generations										
4	Provi	de a description of the organization's co	llections and explain	how they fu	urther the	e organizatio	n's exem	not purpo:	se in Pai	rt XIII.		
5		ig the year, did the organization solicit o										
_		sold to raise funds rather than to be ma							Г	Yes		No
Par	t IV	Escrow and Custodial Arrang										
		reported an amount on Form 990, Par							,,	, 0, 0.		
1a	Is the	e organization an agent, trustee, custodi	an or other intermedia	arv for cont	ributions	or other ass	ets not ir	ncluded				
		orm 990, Part X?							Г	Yes		No
b		es," explain the arrangement in Part XIII										
-		oxplain the arrangement in rate xin t	and complete the lone	ownig table	•					Amoun	nt	
c	Regir	nning balance						1c				
		tions during the year										
٠ ۵		butions during the year										
f								1f				
22		ng balance ne organization include an amount on Fo							Г	Yes	$\neg \vdash$	No
		es," explain the arrangement in Part XIII.						•	∟			
Par		Endowment Funds. Complete i	f the organization ans	wered "Yes	s" on For	m 990 Part	IV line 1					
		Complete	(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears bac	k (e) Fou	r vears	back
10	Regir	nning of year balance	7,432,160.	• • •	2,772.		993.		64,025	_	,993,	
b			747,666.		1,535.		2,290.		61,980	_		917.
0		ributionsnvestment earnings, gains, and losses	689,981.		7,771.		1,311.		6,042			053.
d		ts or scholarships	333,332.		,,,,,	2,023	, , , , ,		0,012	•		
		r expenditures for facilities								+		
e		·	345,442.	41.	4,326.	311	L,872.	3	31,054		321	794.
		orograms	010,112.		-,		, , , , , ,		-,,,,,,	+	,	
†		nistrative expenses	8,524,365.	7 43	2 160	8 453	2,722.	6 7	00,993		,964,	025
g		of year balance					., , , , , ,	0,1	00,555	<u>· </u>	,,,,,	023.
2		de the estimated percentage of the curr designated or quasi-endowment	ent year end balance		iuiiii (a))	Heiu as.						
a		nanent endowment 79.7000	%	_%								
b		00 2000										
C												
0-		percentages on lines 2a, 2b, and 2c shown here endowment funds not in the posses		: 414	مرم إمام ما	al - alaa:a:a:a.		_				
Sa		•	ssion of the organizat	ion mai are	neid an	u aummister	ea for the	3		ļ	Yes	No
		nization by:								20(1)	X	
		Inrelated organizations									22	Х
L		Related organizationses" on line 3a(ii), are the related organiza										<u> </u>
		ribe in Part XIII the intended uses of the								[30]		
4 Par	t VI	Land, Buildings, and Equipm		/ment lunus	5.							
	• • •	Complete if the organization answered		Part IV line	2 112 S	Form 99∩	Part X I	ine 10				
		<u> </u>							- d	(d) Doo		
		Description of property	(a) Cost or other basis (investment)		(b) Cost basis (I		ccumulate reciation		(d) Boo	k valu	е
4-	امدا			,		1,601.	uep	, colation		10,29	1 6	01
		in ma				7,626.	25 7	752,5		58,18		
		ings				3,405.		238,8		$\frac{36,16}{2,12}$		
		ehold improvements				9,930.	2,2	243,5	50	2,12		
		oment		++	0,00	7,330.	0,2	. . ,) :	JU•	4,04	0,3	50.
		lines to through to (0.4 (4)		· · · · · · · · ·	N // 15	\ - \\				73 22	7 5	69

Schedule D (Form 990) 2022

scriedule D	(FUIII 990) 2022	Daine	1 au 1	ana	11111
Part VII	Investments -	Other Secu	rities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Partnerships	6,448,504.	End-of-Year Market Value
(B) Interest in Split		
(C) Interest Agreements	2,842,659.	End-of-Year Market Value
(D) Held by Catholic		
(E) Community Foundation	9,730,688.	End-of-Year Market Value
(F) Held by Saint Paul &		
(G) Minnesota Foundation	1,417,925.	End-of-Year Market Value
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,439,776.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

	• •	, ,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets. Part IX

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 (h) must equal Form 990, Part X, col. (R) line 15.)	

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) Obligations of Split Interest	
(3) Agreements	1,735,178
(4) Accrued Pension Liability	465,387
(5) Operating Lease Liability	2,330,997
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	4,531,562

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

Sche	edule D) (Form 990) 2022				Minnea						1302487	Page 4
Pa	rt XI	Reconciliation o	of Revenue	per Au	dited	Financial	Statemen	ts Wit	h Reven	ue per Re	turn.		
		Complete if the organ	nization answ	ered "Yes	" on For	m 990, Part	IV, line 12a.						
1	Total	revenue, gains, and oth	her support p	er audited	l financia	al statements	s				1	63,523	<u>,772.</u>
2	Amou	unts included on line 1	but not on Fo	rm 990, P	art VIII, I	line 12:							
а	Net u	inrealized gains (losses)) on investme	nts				2a		23,795 .			
b	Donat	ted services and use of	f facilities					2b	2	<u> 24,881.</u>			
С	Recov	veries of prior year grar	nts					2c			_		
d	Other	r (Describe in Part XIII.)						2d	-8,19	95,740.			
е	Add li	ines 2a through 2d									2e	-4,547	
3	Subtr	ract line 2e from line 1									3	68,070	<u>,836.</u>
4	Amou	unts included on Form 9	990, Part VIII,	line 12, b	ut not o	n line 1:							
а	Invest	tment expenses not inc	cluded on For	m 990, Pa	art VIII, li	ne 7b			3	<u> </u>			
b	Other	r (Describe in Part XIII.)						4b	4	16,640.			
С											4c		<u>,640.</u>
5	Total	revenue. Add lines 3 a	nd 4c. (This n	nust eaual	Form 9	00 Part I lin	121				5	68,156	,476.
	. \/!!	I B	<i>-</i>		7 01111 0	<u> 30. Faiti, IIII</u>	<u> </u>						•
Pa	rt XII	ຼ Reconciliation o	of Expense	s per A	udited	Financia	l Statemer	nts Wi	th Expe	nses per l	Retur		•
Pa	rt XII	Reconciliation of Complete if the organ	of Expense	es per A	udited " on For	m 990, Part	I Statemer IV, line 12a.	nts Wi	ith Expe	nses per l		n.	
Pa 1	Total	Reconciliation of Complete if the organ expenses and losses p	of Expense nization answ per audited fin	es per A ered "Yes ancial sta	udited " on For tements	Financia m 990, Part	I Statemer IV, line 12a.	nts Wi	ith Expe	nses per l	Retur		
	Total Amou	Reconciliation of Complete if the organe expenses and losses punts included on line 1	of Expense nization answord per audited fin but not on Fo	es per Alered "Yes ered "Yes erancial state erm 990, P	udited " on For tements art IX, lii	Financia m 990, Part 	I Statemer IV, line 12a.	nts Wi	ith Expe	nses per I	1	n.	
1	Total Amou Donat	Reconciliation of Complete if the organ expenses and losses punts included on line 1 lited services and use of	of Expense nization answ per audited fin but not on Fo f facilities	es per Al ered "Yes lancial stat erm 990, P	udited " on For tements art IX, lin	Financia m 990, Part 	I Statemer IV, line 12a.	nts Wi	ith Expe	nses per l	1	n.	
1 2	Total Amou Donat	Reconciliation of Complete if the organe expenses and losses punts included on line 1	of Expense nization answ per audited fin but not on Fo f facilities	es per Al ered "Yes lancial stat erm 990, P	udited " on For tements art IX, lin	Financia m 990, Part 	I Statemer IV, line 12a.	2a 2b	ith Expe	nses per I	1	n.	
1 2 a	Total Amou Donat Prior y	Reconciliation of Complete if the organ expenses and losses punts included on line 1 lited services and use of year adjustments rosses	of Expense nization answord and item and item for audited fin but not on For facilities	es per Al ered "Yes ancial sta rrm 990, P	udited " on For tements art IX, lii	M 990, Part	I Statemer IV, line 12a.	2a 2b 2c	ith Expe	24,881.	1	n.	
1 2 a b c	Total Amou Donat Prior Other	Reconciliation of Complete if the organ expenses and losses punts included on line 1 lited services and use of year adjustments r losses r (Describe in Part XIII.)	of Expense nization answ per audited fin but not on Fo f facilities	es per Ai ered "Yes ancial sta rrm 990, P	udited " on For tements art IX, lin	l Financia m 990, Part ne 25:	I Statemer IV, line 12a.	2a 2b 2c 2d	ith Exper	24,881.	1	n. 61,586	,381.
1 2 a b c	Total Amou Donat Prior Other Add li	Reconciliation of Complete if the organ expenses and losses punts included on line 1 lited services and use of year adjustments r losses r (Describe in Part XIII.) lines 2a through 2d	of Expense nization answ per audited fin but not on Fo	es per Ai ered "Yes ancial sta rm 990, P	udited " on For tements Part IX, lin	M 990, Part	I Statemer IV, line 12a.	2a 2b 2c 2d	2	24,881.	1 2e	n. 61,586	,381.
1 2 a b c	Total Amou Donat Prior y Other Other Add li Subtr	Reconciliation of Complete if the organ expenses and losses parts included on line 1 lited services and use of year adjustments relosses represent (Describe in Part XIII.) lines 2a through 2d cract line 2e from line 1	of Expense nization answ per audited fin but not on Fo	es per Ai ered "Yes nancial sta erm 990, P	udited " on For tements Part IX, lii	m 990, Part	I Statemer IV, line 12a.	2a 2b 2c 2d	2	24,881.	1	n. 61,586	,381.
1 2 a b c d	Total Amou Donat Prior y Other Other Add li Subtr	Reconciliation of Complete if the organ expenses and losses parts included on line 1 lated services and use of year adjustments	of Expense nization answ per audited fin but not on Fo f facilities	es per Ai ered "Yes nancial statem 990, P	udited " on For tements lart IX, lin	m 990, Part ne 25:	I Statemer IV, line 12a.	2a 2b 2c 2d	2 35	24,881.	1 2e 3	n. 61,586	,381.
1 2 a b c d e 3	Total Amou Donat Prior y Other Other Add li Subtr	Reconciliation of Complete if the organ expenses and losses parts included on line 1 lited services and use of year adjustments relosses represent (Describe in Part XIII.) lines 2a through 2d cract line 2e from line 1	of Expense nization answ per audited fin but not on Fo f facilities	es per Ai ered "Yes nancial statem 990, P	udited " on For tements lart IX, lin	m 990, Part ne 25:	I Statemer IV, line 12a.	2a 2b 2c 2d	2 35	24,881.	1 2e 3	n. 61,586	,381.
1 2 a b c d e 3 4	Total Amou Donat Prior y Other Other Add li Subtr Amou	Reconciliation of Complete if the organ expenses and losses parts included on line 1 lated services and use of year adjustments	of Expense hization answ her audited fin but not on Fo f facilities here here here here here here here he	es per Ai ered "Yes lancial statem 990, P	udited " on For tements tart IX, lin	m 990, Part ne 25: line 1: ne 7b	I Statemer IV, line 12a.	2a 2b 2c 2d	2 35	24,881.	1 2e 3	379 61,206	,381. ,547. ,834.
1 2 a b c d e 3 4 a b	Total Amou Donat Prior y Other Other Add li Subtr Amou Invest Other	Reconciliation of Complete if the organ expenses and losses punts included on line 1 litted services and use of year adjustments in losses in (Describe in Part XIII.) lines 2a through 2d in the control of the control	of Expense nization answ per audited fin but not on Fo f facilities	es per Ai ered "Yes ancial star rm 990, P	udited " on For tements 'art IX, lii	I Financia m 990, Part ne 25: line 1: ne 7b	I Statemer IV, line 12a.	2a 2b 2c 2d 4a 4b	35	24,881. 54,666.	2e 3	379 61,206	,381. ,547. ,834.
1 2 a b c d e 3 4 a b c 5	Total Amou Donat Prior y Other Other Add li Subtr Amou Invest Other Add li Total	Reconciliation of Complete if the organ expenses and losses punts included on line 1 lited services and use of year adjustments in losses (Describe in Part XIII.) lines 2a through 2d pract line 2e from line 1 lines included on Form 9 street expenses not income (Describe in Part XIII.)	of Expense nization answer audited fin but not on For facilities	es per Ai ered "Yes ancial sta erm 990, P er	udited " on For tements 'art IX, lii	I Financia m 990, Part ne 25: line 1: ne 7b	I Statemer IV, line 12a.	2a 2b 2c 2d 4a 4b	35	24,881. 54,666.	2e 3	379 61,206	,381. ,547. ,834.

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

Part V, line 4:

Catholic Charities has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.

Part X, Line 2:

The organization is a tax-exempt organization under section 501(c)(3) of The Internal Revenue Code (IRC). The organization has been classified as an organization that is a public charity under the IRC and charitable contributions by the donors are tax deductible. Dorothy Day Shelter LLC, Dorothy Day Opportunity Center LLC, Dorothy Day LLC, Dorothy Day Residence GP LLC, CCSPM-1 LLC, Dorothy Day Condominium Association, Dorothy Day Opportunity Condominium Association, Parkview LLC, Elliot Park Hosing GP, Exodus II Condominium Association, and Evergreen Glenwood LLC are disregarded entities for income tax purposes.

The organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part	XΙ,	Line	2a	_	Otner	Adjustments:

Net Pension Losses	1,046,282.
Changes in Split-Interest Agreements and Annuities	72,336.
Related Organization's Revenue Included in Consolidated	
Financial Statements	-9,314,358.
Total to Schedule D, Part XI, Line 2d	-8,195,740.

Part XI, Line 4b - Other Adjustments:

Contribution Included in Revenue for Tax Purposes	400,000.
Rental Expenses Included in Revenue for Tax Purposes	-208,363.
Special Event Expenses Included in Revenue for Tax Purpose	-144,997.
Total to Schedule D, Part XI, Line 4b	46,640.

Part XII, Line 2d - Other Adjustments:

Misc. Expenses Included in Expenses for Tax Purposes 1,306.

Catholic Charities of the Archdiocese of

Schedule D (Form 990) 2022 Saint Paul and Minneapolis	41-1302487 Page 5
Part XIII Supplemental Information (continued)	
Rental Expenses Included in Revenue for Tax Purposes	208,363.
Special Event Expenses Inculded in Revenue for Tax Purposes	144,997.
bectar avent appealses incurated in Revenue for tax rarposes	144,007.
motel to Cahadula D. Damt VII Iima 2d	254 666
Total to Schedule D, Part XII, Line 2d	354,666.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** Catholic Charities of the Archdiocese of Saint Paul and Minneapolis 41-1302487 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America & Caribbean 0 Investments N/A 5,145,000. 0 0 5,145,000. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a

5,145,000.

and 3b)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)			

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

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

41-1302487

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Catholic Charities of the Archdiocese of

Schedule F (Form 990) 2022 SPart IV Foreign Forms Saint Paul and Minneapolis

41-1302487 Page 4

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Saint Pa | Part V | Supplemental Information

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

Schedule F, Part IV:

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

(the Organization) reviews its direct and indirect investments during

the tax period for determining required foreign filings.

The Organization makes direct and indirect transfers to foreign

corporations and foreign partnerships and would file Form 926 or Form

8865 if the transfers met the requirements for filing. The

Organization's transfers to foreign corporations did not require filing

Form 926 and transfers to foreign partnerships did not require filing

Form 8865.

The Organization has ownership interests in foreign corporations and would file Form 5471 if the ownership met the requirements for filing.

The Organization's ownership in foreign corporations did not require filing Form 5471.

The Organization invests in partnerships that hold direct or indirect interests in passive foreign investment companies (PFICs) and would file Form 8621s for underlying investments that generate unrelated business income. The Organization would not file Form 8621s where the investment partnerships have properly filed Form 8621s, or where the underlying investments did not generate any unrelated business income. The Organization did not require filing Form 8621.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Catholic Charities of the Archdiocese of

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Saint Paul and Minneapolis 41-1302487 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Catholic Charities of the Archdiocese of

Schedule G (Form 990) 2022

Saint Paul and Minneapolis

41-1302487 Page 2

Pa	ırt I		•						•			
		of fundraising event contributions and gro		EZ,						s greater tha	ın \$5,0)00.
			(a) Event #1		(b) Event #	2	(0	c) Other ev		(d) Tota	l even	ts
			Annual					None		(add col. (a		
			Dinner							col.		J
Φ			(event type)		(event type	e)		(total numb	oer)		(-)/	
Revenue												
ě	1	Gross receipts	486,650.							48	<u>6,6</u>	50.
ш												
	2	Less: Contributions	453,550.							45	3,5	50.
	3	Gross income (line 1 minus line 2)	33,100.							3	3,I	00.
	4	Cash prizes										
	_											
"	5	Noncash prizes										
ses		Double of the control										
per	6	Rent/facility costs										
Direct Expenses	_		50,826.							-	n 0	26.
9	7	Food and beverages	30,020.							5	0,0	<u> </u>
		Catastainmant	6 650								6 6	50
	8	Entertainment Other direct expanses	00 00							8	0,0 7 5	50. 21.
	10	Other direct expenses Direct expense summary. Add lines 4 through								1 4	7,5	97.
		Net income summary. Subtract line 10 from li	()							-11		
Pa	rt l										<u> </u>	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.			,	, , , , , , ,	op c.					
		· · · · · · · · · · · · · · · · · · ·	(a) Diame	(1) Pull tabs/in	stant	,) Oll		(d) Total ga	aming	(add
Revenue			(a) Bingo		, go/progressiv		(0) Other ga	ming	col. (a) thro		
e eve												
ď	1	Gross revenue										
S	2	Cash prizes										
Direct Expenses												
xpe	3	Noncash prizes										
ガ田												
ie	4	Rent/facility costs										
	5	Other direct expenses					_					
			Yes %	L	Yes	%	Щ	Yes	%			
	6	Volunteer labor	No No		No			No				
	_	- · · · · · · · · · · · · · · · · · · ·										
	7	Direct expense summary. Add lines 2 through	15 in column (d)									
		Not assisted to a second of the set live 7	form the decomposition (a)									
-	8	Net gaming income summary. Subtract line 7	from line 1, column (a)									
0	En	ter the state(s) in which the organization condu	ete gamina activities:									
		the organization licensed to conduct gaming ac								Yes		No
		No," explain:								103		_ 140
L.		ito, oxpiairi.										
	_											
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rmin	ated during	the tax v	/ear?			Yes		No
		Yes," explain:										
-	•											

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis 41-1302487

Sch	edule G (Form 990) 2022 Saint Paul and Minneapolis 41-	1302487	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
42	Indicate the percentage of gaming activity conducted in:	103	110
		امدا	0.4
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	J J J		
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
•	of gaming revenue retained by the third party \$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,
	,,,,,		
_			
_			

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) Part IV Supplemental Information (continued) Saint Paul and Minneapolis 41-1302487 Page 4

Catholic Charities of the Archdiocese of

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
Catholic Charities of the Archdiocese of

2022 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Saint Pa	ul and Min	neapolis					41-1302487
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	sistance?						X Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistance					anization answered "\	/es" on Form 990 Part IV	/ line 21 for any
recipient that received more that					anization answered	res offrontingso, raith	v, inte 21, for any
1 (a) Name and address of organization or government	1	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3	and government or	ganizations listed in th	e line 1 table		1		

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

Schedule I	(Form 990) 2022 Saint Paul and	Minneapol	lis			41-1302487	Page 2		
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Specific assistance to individuals	5890	3,299,205.	0.		N/A
Part IV Supplemental Information. Provide the information req	L wired in Part I lin	e 2: Part III. column	(b): and any other ac	l Iditional information	<u> </u>

Part I, Line 2

Specific Assistance provided to individuals for Housing,

Transportation, Job Training and other financial needs are paid to the

individual's landlord, utility and phone companies directly. The

assistance is provided based on the requirements of the specific grant

and compliance is monitored by the individual employee assigned to

administer the grant.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number 41-1302487

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Michael Goar		253,204.	0.	1,032.	7,778.	28,973.	290,987.	0.
President & CEO	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(2) Richard R Johnson	(i)	183,920.	0.	1,584.	7,688.	31,563.	224,755.	0.
Treasurer/VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Elizabeth Knight	(i)	155,568.	0.	552.	6,432.	20,988.	183,540.	0.
General Council	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Jessica Meyerson	(i)	162,410.	0.	552.	6,609.	11,990.	181,561.	0.
Chief Accountability Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Wendy Underwood	(i)	156,445.	0.	360.	6,318.	10,690.	173,813.	0.
Senior Director of Advocacy and Gov.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Keith Kozerski	(i)	148,733.	0.	552.	6,117.	13,378.	168,780.	0.
Chief Program Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Michael McRath	(i)	152,166.	0.	1,032.	3,080.	10,628.	166,906.	0.
Chief HR Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Paul Deakins	(i)	145,858.	0.	1,009.	5,897.	1,560.	154,324.	0.
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Ellen Margaret King	(i)	125,860.	0.	1,032.	5,235.	18,739.	150,866.	0.
Senior Division Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 4b:
Timothy Marx - Non-Qualified Deferred Compensation - \$50,538
Elizabeth Knight - Non-Qualified Deferred Compensation - \$12,000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number 41-1302487

Pai	rt I Types of Property				<u> </u>			
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c
		арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribu	illoit ai	Hount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		100,490.	Estimated V	alue	<u>е</u>	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	42	450,155.	Market Quot	es		
10	Securities - Closely held stock			,	~			
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	10.1.1.1							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17								
	Real estate - Other							
18	Collectibles	X		2 128 755	Per pound/R		on a l	h1_
19	Food inventory	Λ.		2,120,133.	rer pound, k	cas	Jiiai	<u> </u>
20	Drugs and medical supplies				,			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz			1 1			^	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			•				
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				tions?	31	X	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				1_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Schedule M (Form 990) 2022 Saint Paul and Minneapolis	41-1302487	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organizati a combination of both. Also compl	on ete
Schedule M, Part I, Column (b):		
The organization does not track the number of contribu	tions of food.	
The value is determined per pound.		
The number in Column (b) for the other line items is the	he number of	
contributions.		

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number 41-1302487

Form 990, Part III, Line 4a, Program Service Accomplishments:
placement, and connections to services provided by others in the
community.
Across all Catholic Charities programs and divisions, over 1.1 million
nutritious meals and snacks were provided to men, women, children and
families in the year ending June 30, 2023. In addition to providing
immediate hunger relief, these meals serve as a critical bridge to
greater support and stability
Form 990, Part III, Line 4c, Program Service Accomplishments:
housing programs to target case management to homeless elders.
Form 990, Part III, Line 4d, Other Program Services:
Advocacy and Other Client Programs:
Through the work of a dedicated Social Justice Advocacy division and
with the support and deep expertise of direct service staff across the
agency, Catholic Charities serves as a tireless voice for those who
often go unheard. Through education, strategic policy analysis and
grassroots community engagement, Catholic Charities works to confront
racial disparities and increase stability for families and individuals
experiencing poverty and homelessness. The organization engages in
education and issue advocacy, and offers training and development
opportunities for schools, parishes, civic and business organizations,

Catholic Charities staff and Board of Directors. In the year ending

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization Catholic Charities of the Archdiocese of Saint Paul and Minneapolis 41-1302487

June 30, 2023, over 1,100 community members engaged with Catholic Charities to advocate for important social justice issues, including youth homelessness, affordable housing, mental health and child care for low-income families.

Client Support Services includes critical support and management for all Catholic Charities programs. Among these services is the operation of a central warehouse which processes and delivers a high volume of critical items, including donated food, personal care items, clothing, and household goods for clients. During the fiscal year ending June 30, 2023, the donated value of food was \$2,128,755 and the donated value of clothing and household goods was \$100,490. Our Volunteer Services team recruits, trains and coordinates volunteers who support services throughout the organization. During the fiscal year ending June 30, 2023, 3,174 volunteers provided 45,510 hours of service.

Spiritual Care is another Client Support Service program and dedicated resource to support Catholic Charities staff and those we serve, helping to mitigate current and past trauma.

Expenses \$ 4,619,711. including grants of \$ 4,010. Revenue \$ 13,581,425.

Form 990, Part VI, Section A, line 1a:

The Executive Committee consists of the following individuals: the Board

Chair, the Chair from each standing board committee, two at-large members

elected by the board from board membership, the Chief Executive Officer,

and when applicable, the board Chair-Elect. The Chief Executive Officer is

a non-voting committee member.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number 41-1302487

The information is provided to the agency's audit firm to compile. The completed draft is returned to management for review. Prior to final approval the report is made avaliable to each board member for review and comment. The final form 990 is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

The organization requires an annual conflict of interest disclosure for all board members, including officers, and for key employees. Any potential board/officer conflict of interest is reviewed by the full board or board chair and CEO, depending on the specific situation, and a determination of whether a conflict exists is made. Any potential conflict of interest identified for a key employee is reviewed by the compliance officer and a determination of whether a conflict exists is made. For identified board/officer or key employee conflicts of interest the board/officer or key employee with the conflict shall not participate in matters involving the conflict. The board meeting minutes in which the potential conflict is discussed include: potential conflict, persons at the meeting, decision, basis for decision, action taken, record of votes taken. Key employee conflicts are documented in the compliance officer files.

Form 990, Part VI, Section B, Line 15:

The human resources subcommittee of the executive committee of the board of directors reviews the CEO's performance each year and determines the CEO compensation based on performance, market compensation data and budget.

Results are reflected in meeting minutes. The Chair of the board coordinates the evaluation process, which takes into consideration stakeholder feedback, personal and agency goal achievement, and agency financial performance. On a biennial basis the organization hires oustside

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization Catholic Charities of the Archdiocese of **Employer identification number** Saint Paul and Minneapolis 41-1302487 consultants to conduct a wage survey for execuctive positions. The analysis is provided to the board Chair and two other independent board members who served on the HR subcommittee and determined the CEO compensation. Conduct a salary biennial market salary survey and will consider changes to officer/key employee salaries based on adherence to the agency competency policy, performance and budget. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, MD, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC Form 990, Part VI, Section C, Line 19: The organization makes its financial statements available to the public upon request. The organization does not make its conflict of interest policy or its governing documents available to the public. Form 990, Part XI, line 9, Changes in Net Assets: Net Pension Losses 1,046,282. Changes in Split-Interest Agreements and Annuities 72,336. Total to Form 990, Part XI, Line 9 1,118,618.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis

Employer identification number 41-1302487

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CCSPM-I, LLC - 41-1302487					Catholic Charities of
1007 E 14th ST					the Archdicese of Saint
Minneapolis, MN 55404	Property Holding Company	Minnesota	0.	70,000.	Paul and Minneapolis
Dorothy Day, LLC - 41-1302487	General Partner for Dorothy				Catholic Charities of
1007 E 14th ST	Day Housing Limited				the Archdicese of Saint
Minneapolis, MN 55404	Partnership	Minnesota	0.	100.	Paul and Minneapolis
Dorothy Day Shelter, LLC - 81-1989834					Catholic Charities of
1007 E 14th ST					the Archdicese of Saint
Minneapolis, MN 55404	Homeless Shelter	Minnesota	99,517.	0.	Paul and Minneapolis
Dorothy Day Condominium Association -	Condominium Association				Catholic Charities of
41-1302487, 1007 E 14th ST, Minneapolis, MN	for Dorothy Day Housing and				the Archdicese of Saint
55404	Dorothy Day Shelter	Minnesota	0.	3,353.	Paul and Minneapolis

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
Dorothy Day Capital Corporation - 47-5644961				501(c)(3))	Catholic	Yes	No
1007 E 14th ST	Funding of reconstruction		E01 () (2)		Charities of the	77	
Minneapolis, MN 55404	of DDS,DDOC,DDHL and DDRL	Minnesota	501(c)(3)	Line 12a, I	Archdicese of	X	

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

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Dorothy Day Residence GP, LLC - 41-1302487	General Partner for Dorothy				Catholic Charities of
1007 E 14th ST	Day Residence Limited				the Archdicese of Saint
Minneapolis, MN 55404	Partnership	Minnesota	0.	179,533.	Paul and Minneapolis
Dorothy Day Opportunity Center, LLC -					Catholic Charities of
83-3762623, 1007 E 14th ST, Minneapolis, MN	Dorothy Day Opportunity				the Archdicese of Saint
55404	Center	Minnesota	309,320.	26,074,134.	Paul and Minneapolis
Parkview CC, LLC - 88-1845253					Catholic Charities of
1007 E 14th ST					the Archdicese of Saint
Minneapolis, MN 55404	Opportunity Center, Clinic	Minnesota	204,000.	18,887,586.	Paul and Minneapolis
Evergreen Glenwood, LLC - 41-1302487	General Partner for				Catholic Charities of
1007 E 14th ST	Glenwood LP and Evergreen				the Archdicese of Saint
Minneapolis, MN 55404	Minneapolis Housing LP	Minnesota	0.	0.	Paul and Minneapolis
Dorothy Day Opportunity Condominium	Condominium Association				Catholic Charities of
Association - 41-1302487, 1007 E 14th ST,	for Dorothy Day Residence				the Archdicese of Saint
Minneapolis, MN 55404	and Dorothy Day Opportuni	Minnesota	0.	0.	Paul and Minneapolis
Elliot Park Housing GP LLC - 41-1302487	General Partner for Elliot				Catholic Charities of
1007 E 14th ST	Park Hosuing Limited				the Archdicese of Saint
Minneapolis, MN 55404	Partnership	Minnesota	0.	100.	Paul and Minneapolis
Exodus II Condominium Association	Condominium Association				Catholic Charities of
1007 E 14th ST	for Elliot Park Housing and				the Archdicese of Saint
Minneapolis, MN 55404	Parkview	Minnesota	0.	0.	Paul and Minneapolis
	1				
	-				

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
Elliot Park Housing Limited			Catholic								
Partnership - 85-2243992,			Charities of								
1007 E 14th ST, Minneapolis,			the								
MN 55404	Rental	MN	Archdiocese of	Investment	-196.	2,761,320.		X	N/A	x	.01%
Dorothy Day Housing Limited			Catholic								
Partnership - 47-4002124,			Charities of								
1007 E 14th ST, Minneapolis,			the								
MN 55404	Rental	MN	Archdiocese of	Investment	-59.	-387.		X	N/A	X	.01%
Dorothy Day Residence Limited			Catholic								
Partnership - 82-2877162,			Charities of								
1007 E 14th ST, Minneapolis,			the								
MN 55404	Rental	MN	Archdiocese of	Investment	-94.	179,183.		X	N/A	X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
Charitable Remainder Trust (1)		MN						res	X
	-								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

2 If the answer to any of the above is Tes, see the instructions for information of w	no musi complete tri	is line, including covered re	elationships and transaction thesholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Dorothy Day Housing Limited Partnership	A	27,085.	
(2) Dorothy Day Housing Limited Partnership	D	588,359.	
(3) Dorothy Day Housing Limited Partnership	K	60,000.	
(4) Dorothy Day Housing Limited Partnership	L	147,159.	
(5) Dorothy Day Housing Limited Partnership	R	548,048.	
(6) Dorothy Day Housing Limited Partnership	S	340,644.	

Schedule R (Form 990) 2022

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (c) (d) Transaction Amount involved Method of determining Name of other organization type (a-s) amount involved (7) Dorothy Day Housing Limited Partnership 1,333,767. 0 (8) Elliot Park Housing Limited Partnership 709,619. D (9) Elliot Park Housing Limited Partnership 124,689. L (10) Elliot Park Housing Limited Partnership 0 1,106,418. Dorothy Day Residence Limited (11) Partnership 132,725. D Dorothy Day Residence Limited (12) Partnership L 141,342. Dorothy Day Residence Limited (13) Partnership 1,402,893. 0 Dorothy Day Residence Limited (14) Partnership R 278,811. (15) Dorothy Day Capital Corporation C 400,000. (16) (17) (18) (19) (20) (21) (22)(23) (24)

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	()	103	NO	
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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
Part II, Identification of Related Tax-Exempt Organizations:
Name of Related Organization:
Dorothy Day Capital Corporation
Direct Controlling Entity: Catholic Charities of the Archdicese of Saint
Paul and Minneapolis
Part III, Identification of Related Organizations Taxable as Partnership:
Name of Related Organization:
Elliot Park Housing Limited Partnership
Direct Controlling Entity: Catholic Charities of the Archdiocese of St.
Paul & Minneapolis
Name of Related Organization:
Dorothy Day Housing Limited Partnership
Direct Controlling Entity: Catholic Charities of the Archdiocese of St.
Paul & Minneapolis
Name of Related Organization:
Dorothy Day Residence Limited Partnership
Direct Controlling Entity: Catholic Charities of the Archdiocese of St.
Paul & Minneapolis