

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER		D Employer identification number 41-0721636
	Doing business as CATHOLIC CHARITIES SOUTHERN MINN		E Telephone number 507-454-2270
	Number and street (or P.O. box if mail is not delivered to street address) 111 MARKET STREET	Room/suite 2	G Gross receipts \$ 6,001,004.
	City or town, state or province, country, and ZIP or foreign postal code WINONA, MN 55987		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CCSOMN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1947
			M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER SERVES THE POOR AND MARGINALIZED,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,932,061.	Current Year 5,126,437.
	9 Program service revenue (Part VIII, line 2g)	848,437.	670,118.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	342,422.	167,868.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,122,920.	5,964,423.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	521,925.	557,436.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,607,611.	3,657,905.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	31,914.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	81,129.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	883,038.	990,160.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,044,488.	5,205,501.
19 Revenue less expenses. Subtract line 18 from line 12	78,432.	758,922.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,947,111.	End of Year 3,721,022.
	21 Total liabilities (Part X, line 26)	443,282.	350,337.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,503,829.	3,370,685.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	RICK REED, CHAIR Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN RUSSELL	BRIAN RUSSELL	11/05/25	<input type="checkbox"/>	P00447901
Firm's name RUSSELL & ASSOCIATES, LLC			Firm's EIN 71-0959317		
Firm's address 111 RIVERFRONT, SUITE 401 WINONA, MN 55987			Phone no. 507-452-3100		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER SERVES THE POOR AND MARGINALIZED, ADVOCATES FOR SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF CHRIST.

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

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

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

4a (Code:) (Expenses \$ 1,600,877. including grants of \$ 800.) (Revenue \$ 429,021.)
EMERGENCY SHELTERS & SUPPORTIVE HOUSING

EMERGENCY SHELTERS

CATHOLIC CHARITIES OPERATED 3 EMERGENCY SHELTERS FOR ADULTS EXPERIENCING HOMELESSNESS. THE WINONA COMMUNITY WARMING CENTER (WCWC) IS AN OVERNIGHT SEASONAL SHELTER SERVING APPROXIMATELY 70 UNIQUE INDIVIDUALS EACH SEASON AND PROVIDING 1300 NIGHTS OF SHELTER. THE WCWC IS OPEN NOVEMBER 1ST-MARCH 31ST FROM 9PM-7AM. THE WINONA COMMUNITY DAY CENTER (WCDC) IS A DROP-IN EMERGENCY DAY SHELTER. THE WCDC PROVIDES SHELTER, MEALS, LAUNDRY, SHOWERS, AND CONNECTIONS TO MAINSTREAM RESOURCES FOR ADULTS EXPERIENCING HOMELESSNESS. THE ROCHESTER COMMUNITY WARMING CENTER (RCWC) IS YEAR-ROUND, LOW BARRIER, NIGHT-BY-NIGHT

4b (Code:) (Expenses \$ 926,706. including grants of \$ 369,387.) (Revenue \$)
REFUGEE RESETTLEMENT

CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM (CCRRP) HAS A RICH HISTORY OF SERVING PRIMARY REFUGEES IN OUR COMMUNITY SINCE 1975. THE REFUGEE RESETTLEMENT PROGRAM MEETS THE REGIONAL NEEDS OF THE REFUGEES DESIGNATED TO RESETTLE HERE, EITHER THROUGH FAMILY REUNIFICATION OR AS "FREE CASES" ASSIGNED TO OUR LOCAL COMMUNITY. NEW REFUGEES ARE AT THEIR MOST VULNERABLE AS THEY ENTER THE UNITED STATES. AS THE ONLY RESETTLEMENT AGENCY IN SOUTHEASTERN MINNESOTA, CCRRP SEEKS TO ADDRESS THE MOST FUNDAMENTAL NEEDS OF ALL NEW REFUGEES SUCH AS ACCESS TO SHELTER, FOOD, CLOTHING, INCOME, MEDICAL CARE, EDUCATION, AND EMPLOYMENT.

4c (Code:) (Expenses \$ 460,260. including grants of \$) (Revenue \$ 53,402.)
ACTIVE AGING

ACTIVE AGING PROGRAMS AT CATHOLIC CHARITIES SERVES AS THE FACILITATORS OF AMERICORPS SENIORS RETIRED SENIOR VOLUNTEER PROGRAM (RSVP). THE PROGRAM OPERATES IN COUNTIES IN SOUTH CENTRAL AND SOUTHEASTERN MINNESOTA, INCLUDING: BLUE EARTH, BROWN, DODGE, FARIBAUT, FILLMORE, FREEBORN, GOODHUE, HOUSTON, JACKSON, LE SUEUR, MARTIN, MOWER, NICOLLET, OLMSTED, RICE, STEELE, WABASHA, WASECA, WATONWAN AND WINONA.

WORKING AT THE GRASSROOTS LEVEL, PARTNERING WITH NOT FOR PROFIT AGENCIES, AMERICORPS SENIORS RSVP ENGAGES ADULTS AGE 55 AND OVER TO VOLUNTEER THEIR LIFE EXPERIENCES AND SKILLS IN MEETING THE NEEDS OF

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,284,251. including grants of \$ 187,249.) (Revenue \$ 190,735.)

4e Total program service expenses 4,272,094.

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

Part IV Checklist of Required Schedules

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

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
PATTY MCHANN - 507-454-2270
111 MARKET STREET, WINONA, MN 55987

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REVEREND ROBERT BARRON PRESIDENT	0.70	X		X			0.	0.	0.	
(2) VERY REV. WILLIAM THOMPSON VICAR GENERAL	0.70	X		X			0.	0.	0.	
(3) HEATHER LENZ PAST CHAIR	0.70	X					0.	0.	0.	
(4) COLLEEN HELMS DIRECTOR	0.70	X					0.	0.	0.	
(5) DR. JANE NJERU DIRECTOR	0.70	X					0.	0.	0.	
(6) MARY WALKER DIRECTOR	0.70	X					0.	0.	0.	
(7) RICK REED CHAIR	0.70	X		X			0.	0.	0.	
(8) TERESA SPECK TREASURER	0.70	X		X			0.	0.	0.	
(9) SISTER AGNES MARY GRAVES DIRECTOR	0.70	X					0.	0.	0.	
(10) MICHAEL LUDVIK DIRECTOR	0.70	X					0.	0.	0.	
(11) REV JAMES STARASINICH DIRECTOR	0.70	X					0.	0.	0.	
(12) GUS WIGGERT DIRECTOR	0.70	X					0.	0.	0.	
(13) LINDA HALBUR DIRECTOR	0.70	X					0.	0.	0.	
(14) LISA KREMER DIRECTOR	0.70	X					0.	0.	0.	

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

Form 990 (2024)

41-0721636 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	424,644.				
	e Government grants (contributions)	1e	2,014,665.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,687,128.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			5,126,437.			
	Program Service Revenue	2 a COMMUNITY WARMING CENT	Business Code				
		624200	429,021.	429,021.			
b GUARDIAN & CONSERVATOR		624100	96,852.	96,852.			
c COUNSELING FEES		624100	63,654.	63,654.			
d SENIOR SERVICES		624100	53,402.	53,402.			
e ADOPTION FEES		624110	27,189.	27,189.			
f All other program service revenue		624100					
g Total. Add lines 2a-2f				670,118.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		47,756.			47,756.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	153,653.	3,040.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	36,581.	0.			
	c Gain or (loss)	7c	117,072.	3,040.			
	d Net gain or (loss)			120,112.	3,040.	117,072.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			5,964,423.	673,158.	0.	164,828.

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	557,436.	557,436.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,986,688.	2,543,485.	421,709.	21,494.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,885.	101,902.	16,784.	1,199.
9 Other employee benefits	280,280.	215,427.	61,921.	2,932.
10 Payroll taxes	271,052.	228,020.	40,505.	2,527.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,629.	3,629.		
c Accounting	33,750.		33,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,986.		15,986.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	163,794.	59,364.	99,372.	5,058.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	324,346.	290,807.	33,539.	
17 Travel	95,450.	80,722.	14,531.	197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,355.	8,907.	3,448.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,437.	2,224.	39,213.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	111,648.	96,005.	14,947.	696.
b PRINTING, PUBLICATIONS,	95,992.	35,063.	15,279.	45,650.
c COMMUNICATION	42,775.	20,552.	22,223.	
d EQUIPMENT MAINTENANCE &	22,761.	9,314.	12,132.	1,315.
e All other expenses	26,237.	19,237.	6,939.	61.
25 Total functional expenses. Add lines 1 through 24e	5,205,501.	4,272,094.	852,278.	81,129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

Form 990 (2024)

41-0721636 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	442,165.	1	788,195.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	427,732.	3	215,829.
	4 Accounts receivable, net	99,884.	4	68,606.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	30,651.	9	60,264.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	903,989.		
	b Less: accumulated depreciation	391,468.		
	11 Investments - publicly traded securities	509,915.	10c	512,521.
	12 Investments - other securities. See Part IV, line 11	1,390,164.	11	2,024,719.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	46,600.	14	50,888.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,947,111.	15	3,721,022.	
17 Accounts payable and accrued expenses	337,393.	16	298,203.	
18 Grants payable		17		
19 Deferred revenue	59,289.	18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			21	
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,600.	24	52,134.	
26 Total liabilities. Add lines 17 through 25	443,282.	25	350,337.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27 Net assets without donor restrictions	902,232.	26	1,522,677.	
28 Net assets with donor restrictions	1,601,597.	27	1,848,008.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		28		
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	2,503,829.	31	3,370,685.	
33 Total liabilities and net assets/fund balances	2,947,111.	32	3,721,022.	
33 Total liabilities and net assets/fund balances		33		

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,964,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,205,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	758,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,503,829.
5	Net unrealized gains (losses) on investments	5	43,110.
6	Donated services and use of facilities	6	80,810.
7	Investment expenses	7	-15,986.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,370,685.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
DIOCESE OF WINONA-ROCHESTER	41-0694754	1		X	0.	0.
Total					0.	0.

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		X

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER

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

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

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

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

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

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER

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

FORM 990 SCHEDULE A PAGE 4 LINE 1

THE PURPOSE OF THE ORGANIZATION IS TO INTEGRATE AND COORDINATE ALL THE CHARITABLE WORK OF THE DIOCESE OF WINONA-ROCHESTER.

FORM 990 SCHEDULE A PAGE 5 SECTION C LINE 1

THE BISHOP OF THE DIOCESE OF WINONA-ROCHESTER SERVES AS THE EX OFFICIO PRESIDENT OF THE CORPORATION. THE BISHOP APPROVES ALL CONVEYANCES, ASSIGNMENTS AND CONTRACTS MADE BY THE CORPORATION; APPOINTS ALL BOARD MEMBERS; APPROVES THE ANNUAL BUDGET AND ALL FUND-RAISING PLANS OF THE CORPORATION; APPROVES THE EMPLOYMENT ACTIONS CONCERNING THE EXECUTIVE DIRECTOR; AND APPROVES NEW PROGRAMS OR THE TERMINATION OF PROGRAMS; AND APPROVES CHANGES TO THE CORPORATE ARTICLES AND BYLAWS.

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 246,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 67,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>25,019.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>17,201.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>6,485.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>7,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>760,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>34,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number 41-0721636
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

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

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

CATHOLIC CHARITIES OF THE

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|------------|
| c Beginning balance | 1,306,658. |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 1,306,658. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	281,993.	281,993.	281,993.	281,993.	281,993.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	281,993.	281,993.	281,993.	281,993.	281,993.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,688.		81,688.
b Buildings		570,344.	228,385.	341,959.
c Leasehold improvements		26,843.	21,179.	5,664.
d Equipment		225,114.	141,904.	83,210.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				512,521.

CATHOLIC CHARITIES OF THE

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	52,134.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	52,134.

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

CATHOLIC CHARITIES OF THE

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,072,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	43,110.	
b	Donated services and use of facilities	2b	80,810.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		123,920.
3	Subtract line 2e from line 1	3		5,948,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,986.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		15,986.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,964,423.

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

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

1	Total expenses and losses per audited financial statements		1	5,205,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		5,205,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,205,501.

Part XIII Supplemental Information

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

PART IV, LINE 1B:

CATHOLIC CHARITIES IS COURT APPOINTED TO TAKE CHARGE OF A CLIENT'S ASSETS. INVENTORY IS TAKEN OF ALL ASSETS AND REPORTED TO THE COURT. NEW CHECKING ACCOUNTS ARE CREATED IN THE CLIENT'S NAME AND CREDIT AND DEBIT CARDS ARE CANCELLED. INCOME IS DEPOSITED IN THE CLIENT'S ACCOUNT AND FUNDS ARE DISBURSED FROM THE ACCOUNT TO PAY CLIENT BILLS AND PROVIDE THE CLIENT WITH SPENDING MONEY. THE NEW ACCOUNTS CAN ONLY BE USED FOR TRANSACTIONS BY AUTHORIZED CATHOLIC CHARITIES STAFF. CLIENTS MAY NOT COMMIT TO LARGE EXPENSES WITHOUT PRIOR PERMISSION AND MAY NOT SIGN CONTRACTS THAT OBLIGATE THEM TO PAYMENTS. CATHOLIC CHARITIES INVESTS MONIES WHEN APPROPRIATE TO MAXIMIZE THE RETURN OF INTEREST FOR THE CLIENT. WITH COURT APPROVAL, WE SELL CLIENT PROPERTY AND ASSETS. CATHOLIC CHARITIES FILES AN ANNUAL ACCOUNTING OF ALL ASSETS, INCOME AND EXPENSES FOR EACH CLIENT. THE COURT REVIEWS AND APPROVES THE ANNUAL REPORT.

OTHER ACTIVITIES PROVIDED TO THE CLIENTS BY THE CONSERVATORSHIP PROGRAM STAFF ARE: APPLY FOR MEDICAL ASSISTANCE, HELP WITH SHOPPING, MAINTAIN REAL ESTATE AND VEHICLES, COORDINATE WITH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM VOLUNTEERS TO PREPARE CLIENT TAX RETURNS, AND ESTABLISH IRREVOCABLE BURIAL TRUSTS.

PART V, LINE 4:

RESERVES SET ASIDE FOR FUTURE NEEDS AND TO PROVIDE INVESTMENT INCOME TO HELP DEFRAY COSTS OF OPERATIONS.

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA-ROCHESTER**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE REFUGEE RESETTLEMENT PROGRAM PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES. THIS ASSISTANCE INCLUDED HOUSING, UTILITIES, FOOD, CLOTHING, HOUSEHOLD ITEMS, DRIVERS TRAINING	0	0.	0.		FURNITURE, HOUSEHOLD ITEMS, AND CLOTHING.
THE PREGNANCY, PARENTING, AND ADOPTION PROGRAM PROVIDES DIRECT ASSISTANCE TO MOTHERS AND TO FAMILIES OF YOUNG CHILDREN. THIS ASSISTANCE PROVIDED HOUSING, CHILDCARE, UTILITIES, FOOD AND	0	0.	0.		
THE MEDICATION APPLICATION SERVICE (MEDIAPPS) PROGRAM PROVIDED UNINSURED PERSONS WITH PRESCRIPTIONS, MEDICAL DEVICES, AND EYEGLASSES.	0	0.	0.		
THE PARISH SOCIAL MINISTRY PROGRAM PROVIDED DIRECT ASSISTANCE OF HOUSING, UTILITIES, AND PRESCRIPTIONS.	0	0.	0.		
ADULT ADVOCACY PROVIDED MEALS FOR CLIENTS AND CLOTHING FOR CLIENTS.	0	0.	0.		

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

PART I, LINE 2:

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

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: THE REFUGEE RESETTLEMENT PROGRAM PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES. THIS ASSISTANCE INCLUDED HOUSING, UTILITIES, FOOD, CLOTHING, HOUSEHOLD ITEMS, DRIVERS TRAINING EDUCATION, AND BUS PASSES.

(A) TYPE OF GRANT OR ASSISTANCE: THE PREGNANCY, PARENTING, AND ADOPTION PROGRAM PROVIDES DIRECT ASSISTANCE TO MOTHERS AND TO FAMILIES OF YOUNG CHILDREN. THIS ASSISTANCE PROVIDED HOUSING, CHILDCARE, UTILITIES, FOOD AND BUS PASSES.

**SCHEDULE O
(Form 990)**

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

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

**FORM 990, ITEM C, DOING BUSINESS AS:
CATHOLIC CHARITIES SOUTHERN MINNESOTA**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVOCATES FOR SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF
CHRIST.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SHELTER SERVING ADULTS EXPERIENCING HOMELESSNESS 8PM-8AM. THE RCWC
SERVED 650 UNIQUE INDIVIDUALS AND PROVIDED OVER 21,000 NIGHTS OF
SHELTER. WE PROVIDE TWO LIGHT MEALS, BREAKFAST AND DINNER, LAUNDRY,
SHOWERS, AND REFERRALS TO COUNTY HOUSING PROGRAMS.**

**SUPPORTIVE HOUSING
CATHOLIC CHARITIES WORKS IN AN AGREEMENT WITH OLMSTED COUNTY GOVERNMENT
TO PROVIDE STAFFING AT TWO SUPPORTIVE HOUSING BUILDINGS AND ONE 90-DAY
EMERGENCY SHELTER IN ROCHESTER. THE CREEK IS AN ALTERNATIVE STAY 90 DAY
EMERGENCY SHELTER, PROVIDING RESIDENTS WITH INDIVIDUAL ROOMS, CASE
MANAGEMENT AND SUPPORT TO MAKE PROGRESS ON A HOUSING PLAN. THE CREEK
HOUSES UP TO 12 INDIVIDUALS USING A LOW BARRIER, HOUSING FIRST, AND
HARM REDUCTION MODEL. THE 105 AND THE FRANCIS ARE PERMANENT SUPPORTIVE
HOUSING PROGRAMS, SERVING ADULTS WITH HIGH BARRIERS TO MARKETPLACE
HOUSING. CC'S TEAM PROVIDES SUPPORT TO THE RESIDENTS TO ASSIST IN
MAINTAINING HOUSING AS WELL AS IN MAKING PROGRESS ON THEIR
PERSON-CENTERED PLANS. THE TWO BUILDINGS HOUSE 18-19 INDIVIDUALS IN A
HOUSING FIRST, HARM REDUCTION MODEL.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
OPERATING UNDER THE UMBRELLA OF UNITED STATES CONFERENCE OF CATHOLIC
BISHOPS/ MIGRATION AND REFUGEE SERVICES (USCCB/MRS) IN COLLABORATION
WITH DEPARTMENT OF STATE/BUREAU OF POPULATION, REFUGEES, AND MIGRATION
(DOS/PRM), CRRP CARRIES OUT REFUGEE SERVICES TO ADDRESS NEEDS BY
PROVIDING DIRECT CASE MANAGEMENT AND NETWORKING WITH THE INTENTION OF
BUILDING FINANCIAL INDEPENDENCE. FINANCIAL SELF-SUFFICIENCY IS
ACHIEVED THROUGH ACQUIRING SAFE AND STABLE HOUSING, ASSET BUILDING,
FINANCIAL LITERACY TRAINING, AND BASIC EMPLOYMENT SOFT SKILLS TRAINING
WHICH ASSISTS REFUGEES IN GAINING THE ABILITY TO SECURE EMPLOYMENT, A
MORE SUSTAINABLE AND SIGNIFICANT SOURCE OF FINANCIAL INDEPENDENCE. WE
ALSO PROVIDE CULTURAL, TRANSPORTATION, SHOPPING AND BUDGETING
ORIENTATIONS.**

**WE WELCOMED 200 INDIVIDUALS IN FISCAL YEAR 2024. REFUGEE INDIVIDUALS
AND FAMILIES WE CARED FOR CAME FROM BURMA (MYANMAR), DEMOCRATIC
REPUBLIC OF CONGO, GUATEMALA, ETHIOPIA, AFGHANISTAN, SYRIA, SUDAN,
SOUTH SUDAN AND SOMALIA. WE SAW CASES CONSISTING OF ONE INDIVIDUAL TO
CASES COMPRISED OF TWO TO EIGHT.**

**AS A PROGRAM, OUR GREATEST STRENGTH IS OUR INTENSIVE CLIENT-CENTERED
CASE MANAGEMENT. GOALS ESTABLISHED FOR REFUGEES ARE INTENDED TO:
ADDRESS IMMEDIATE SOCIAL/EDUCATIONAL NEEDS, ATTAIN A STABLE
ENVIRONMENT, DEVELOP SKILLS FOR EMPLOYMENT, UNDERSTAND BASIC FINANCIAL**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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PRINCIPLES, AND PROMOTE SEAMLESS INTEGRATION. THE PROCESS WE UTILIZE ENTAILS AN INTAKE AND ASSESSMENT, GOAL DEVELOPMENT, INTERVENTION, REFERRALS, MONITORING AND REASSESSING THROUGHOUT THE SERVICE PERIOD AND TRANSITIONING SERVICES SEAMLESSLY TO OTHER SERVICE PROVIDERS AT THE END OF THE 90-DAY RESETTLEMENT PERIOD. THE GOAL OF RESETTLEMENT IS EMPOWERING INDIVIDUALS WITH THE KNOWLEDGE AND SKILLS THAT WILL ASSIST THEM ON THE ROAD TO SELF-SUFFICIENCY. REFUGEES WANT WHAT MANY AMERICANS WANT: TO FEEL A PART OF THEIR COMMUNITY, GAIN EMPLOYMENT, AND ULTIMATELY FIND A PLACE TO CALL "HOME."

CATHOLIC CHARITIES REFUGEE RESETTLEMENT CONTINUES TO FACILITATE THE MATCH GRANT EMPLOYMENT PROGRAM, WHICH ASSISTS REFUGEES THAT ARRIVE WITH WORK HISTORY AND SOME FLUENCY IN FINDING EMPLOYMENT WITHIN 240 DAYS AFTER THEIR ARRIVAL. MATCH GRANT SERVICES INCLUDE RESUME BUILDING, EMPLOYMENT SOFT SKILLS TRAINING, INTERVIEWING SKILLS TRAINING, JOB SEARCH ASSISTANCE, AND POST-EMPLOYMENT ADVOCACY AND MEDIATION. WE ARE CURRENTLY SERVED 56 INDIVIDUALS IN THE MATCH GRANT PROGRAM THIS LAST YEAR. CRRP ALSO FACILITATES THE REFUGEE CASH ASSISTANCE (RCA) PROGRAM. RCA IS A TWELVE-MONTH GOVERNMENT FUNDED CASH ASSISTANCE PROGRAM FOR REFUGEES THAT ARRIVE AS SINGLES OR MARRIED COUPLES WITHOUT CHILDREN. IN FY24 WE SERVED 69 INDIVIDUALS.

THROUGH A USCCB PARISHES ORGANIZED TO WELCOME REFUGEES (POWR) GRANT WE WORKED WITH COMMUNITY VOLUNTEERS TO PURCHASE GROCERIES FOR NEWLY ARRIVED FAMILIES WITH CULTURAL GOOD ITEMS GIVING THEM A SENSE OF WELCOME AND FOOD SECURITY IN THE FIRST FEW DAYS IN THEIR NEW HOME. WE THANK ALL THE VOLUNTEERS THAT HAVE DEDICATED MANY HOURS TO WELCOME FAMILIES AND HELP GUIDE THEM IN THEIR NEW COMMUNITY AS WELL AS BEFRIEND THEM, LIVING THE WORDS OF "WELCOMING THE STRANGER."

IN FISCAL YEAR 2024, WE CONTINUED TO SEE OUR COMMUNITY'S WELCOME OF REFUGEES THROUGH DONATIONS OF ESSENTIAL HOUSEHOLD ITEMS (BEDS/TABLES/CHAIRS, NEW PILLOWS, ETC), CHILDREN'S WELCOME BASKETS, HYGIENE BAGS, CLEANING SUPPLY KITS, AND SURVIVAL KITS. THESE KITS/BASKETS CONTINUE TO BE A WONDERFUL WAY FOR INDIVIDUALS AND GROUPS THAT WANT TO SUPPORT REFUGEES IN OUR COMMUNITY, TO ASSIST THEM IN GAINING THE BASIC ITEMS NEEDED AS THEY ESTABLISH THEMSELVES IN THE COMMUNITY. EACH FAMILY, DEPENDING ON THE SIZE, RECEIVES AN ESTIMATED \$1,000-\$2,000 DOLLARS IN DONATED ITEMS, COMPLETELY FROM THE GENEROSITY OF THE PEOPLE IN OUR COMMUNITY. WE ARE SO THANKFUL FOR THE SUPPORT FROM ALL THE COMMUNITIES IN SOUTHERN MINNESOTA THAT HAVE HELPED US THIS YEAR.

CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM'S MISSION IS TO MEET THE NEEDS OF NEWLY ARRIVED REFUGEES BY PROVIDING ONE-ON-ONE CASE MANAGEMENT TO GUIDE THEM ON THEIR NEW JOURNEY AND EMPOWER THEM IN THEIR NEW LIFE.

FORM 990 PART III LINE 4D

FINANCIAL LITERACY PROGRAM - CATHOLIC CHARITIES FINANCIAL LITERACY PROGRAM CONSISTS OF WORKSHOPS; GENERALLY 3 TO 4 HOUR CLASSES INTENDED TO ENGAGE PARTICIPANTS, TEENS, YOUNG ADULTS, AND ADULTS, OF LOW TO MODERATE INCOME ON VARIOUS BUDGETING AND MONEY MANAGEMENT TOPICS. WE PROVIDED FINANCIAL LITERACY WORKSHOPS TO INDIVIDUALS, REPRESENTING ALL WALKS OF LIFE.

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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THE OVERALL IMPACT OF THE PROGRAM IS THAT PARTICIPANTS GAIN FINANCIAL STABILITY THROUGH IMPROVED FINANCIAL LITERACY. CONCEPTS DISCUSSED IN THE CLASSES INCLUDE: THE DIFFERENCE BETWEEN NEEDS AND WANTS, ESTABLISHING SAVINGS, SETTING LONG-TERM FINANCIAL GOALS, RETIREMENT PLANNING, ASSET BUILDING, CREDIT SCORES/CREDIT BUILDING, AND VARIOUS BUDGETING TECHNIQUES. THE PROGRAM HELPS PARTICIPANTS AVOID FINANCIAL PLANNING MISTAKES AND LEARN HOW TO USE MONEY TO BOTH EMPOWER THEIR LIVES AND ATTAIN LONG-TERM LIFE GOALS. THE END OBJECTIVE FOR ALL PARTICIPANTS IS TO BUILD ASSETS AND GAIN FINANCIAL INDEPENDENCE.

THE WORKSHOP MATERIALS AND OVERALL ATMOSPHERE WELCOMES CONVERSATION ON MONEY MANAGEMENT AND TOUCHES ON THE EMOTIONAL COMPONENTS OF OVERSPENDING. THE FACILITATOR OF THE CLASS WORKS TO ESTABLISH GOOD RAPPORT WITH PARTICIPANTS TO MAKE THEM FEEL COMFORTABLE TALKING ABOUT PERSONAL FINANCES, AND MAKES REFERRALS TO SERVICE PROVIDERS WHEN NEEDS ARE IDENTIFIED. ALL PARTICIPANTS ARE PROVIDED A FOLDER WITH FINANCIAL RESOURCES, BUDGETING TOOLS, AND A FREE CALENDAR. CLASSES ARE HELD AT VARIOUS LOCATIONS IN THE COMMUNITY, SUCH AS THE ROCHESTER PUBLIC LIBRARY AND HAWTHORNE EDUCATION CENTER, AND SCHEDULED GROUP CLASSES WITH INTERESTED COMMUNITY PARTNERS THAT WISH TO HAVE CLASSES AT THEIR LOCATION SUCH AS THE WOMEN'S SHELTER, ALTERNATIVE LEARNING CENTER FOR TEENS, AND LINK (LIVING INDEPENDENTLY WITH KNOWLEDGE FOR TEENS AND YOUNG ADULTS).

THROUGH A SPECIAL TEEN CURRICULUM, OUR PROGRAM ALSO WORKS TO ADDRESS THE NEED FOR FINANCIAL LITERACY TRAINING FOR TEENS AND YOUNG ADULTS IN OUR COMMUNITY. AMERICAN TEENS, WHEN COMPARED TO OTHER COUNTRIES, WERE FOUND TO BE DEFICIENT IN FINANCIAL LITERACY SKILLS AND WERE UNABLE TO UNDERSTAND QUESTIONS ON FINANCES BEYOND DISCERNING BETWEEN NEEDS AND WANTS. FOR TEENS AND YOUNG ADULTS, THE CLASSES ARE EARLY PREVENTION OF FINANCIAL PLANNING MISTAKES WITH THE BUILDING OF MONETARY KNOWLEDGE AND SKILLS, COMMUNITY FINANCIAL RESOURCES AND THE CONFIDENCE IN MAKING DECISIONS AND GOALS FOR THEIR ECONOMIC WELLBEING.

A SOCIAL WORKER ATTENDED A CLASS RECENTLY WITH ONE OF HER CLIENTS WHO IS A SENIOR AT THE ALTERNATIVE LEARNING CENTER (ALC). THIS STUDENT IDENTIFIED AS HAVING DIFFICULTY AT HOME AND WAS ASKED TO MOVE OUT. THE SOCIAL WORKER WANTED THIS STUDENT TO GET THE FINANCIAL LITERACY GROUNDWORK TO HELP HIM ESTABLISH HIS UNDERSTANDING OF FINANCIAL DECISIONS WHEN HE IS ON HIS OWN. HIS QUESTIONS TO BETTER UNDERSTAND FINANCIAL TERMS DURING THE CLASS WERE GREAT EXAMPLES FOR THE ADULTS THAT WERE ATTENDING AS WELL. WHEN WE WERE TEACHING A CLASS AT ALC, THIS STUDENT STOPPED IN AND SHARED HIS EXPERIENCE WITH THE REST OF CLASS AND HOW HELPFUL THE INFORMATION WAS THAT HE RECEIVED. HE ALSO STATED HE FELT MORE EMPOWERED TO GO FORWARD ON HIS OWN AND NOW KNOWS HOW IMPORTANT IT IS TO CONTROL AND UNDERSTAND YOUR OWN FINANCES. WE APPLAUD THE SOCIAL WORKER FOR HER INSIGHT IN USING OUR PROGRAM AS A RESOURCE AND THE YOUNG PERSON FOR HIS OPENNESS TO LEARNING FOR HIS FINANCIAL FUTURE.

WE SEE FINANCIAL LITERACY AS THE FOUNDATION FOR EMPOWERMENT IN ALL AREAS OF LIFE. MONEY DOES NOT BUY HAPPINESS BUT IT DOES INFLUENCE OUR PERCEPTION OF HAPPINESS AND OUR POTENTIAL OF SUCCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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THEIR NEIGHBORS IN THEIR LOCAL COMMUNITIES THROUGH VOLUNTEER SERVICE. THIS SERVICE IS COMPLETED THROUGH A NETWORK OF COLLABORATIVE AGENCIES SUCH AS HUMAN SERVICE ORGANIZATIONS, SENIOR CENTERS, NON-PROFIT TRANSPORTATION PROVIDERS, SCHOOLS AND FOOD BANKS WHO RECEIVE SUPPORT WITH RECRUITMENT, REFERRAL, RETENTION AND RECOGNITION FOR VOLUNTEERS SERVING THEM.

AMERICORPS SENIORS VOLUNTEERS PROVIDE CRITICAL SERVICES, INCLUDING: FOOD DELIVERY, TRANSPORTATION, COMPANIONSHIP, FOOD PANTRY SUPPORT, LEADING HEALTH AND WELLNESS PROGRAMS, TUTORING IN ELEMENTARY SCHOOLS AND HOME REPAIR/BUILDING.

FROM JULY 1, 2023 THROUGH JULY 1, 2024 THERE WERE 1,325 VOLUNTEERS ACTIVELY SERVING IN 160 LOCATIONS, GIVING 135,355 HOURS OF THEIR TIME TO FILL NEEDS IN SOUTHERN MN. AS THE AGING POPULATION RISES, SO TOO DOES THE NEED FOR SERVICES FOCUSED ON HELPING THEM TO REMAIN INDEPENDENT, WHICH IS WHAT THE MAJORITY OF OUR WORK SUPPORTS. THE ABOVE NUMBER INCLUDES 260 NEW VOLUNTEERS AND 4 NEW PARTNER SITES. OLDER ADULTS IN OUR PROGRAM CONTINUE TO SHOW RESILIENCE AS THEY WORK TO CONNECT AND SERVE IN THEIR COMMUNITIES AND THE NONPROFITS IN THOSE COMMUNITIES VALUE THE CONTRIBUTIONS THESE VOLUNTEERS OFFER.

ACTIVE AGING PROGRAMS ALSO PROVIDES HEALTH AND WELLNESS OPPORTUNITIES AND EXPERIENCES THAT ARE CHANGING LIVES. THE PROGRAMS ARE EVIDENCE-BASED AND HAVE PROVEN OUTCOMES TO HELP BUILD PEOPLES' CONFIDENCE IN MANAGING THEIR HEALTH CONDITIONS, INCREASE PHYSICAL ACTIVITY LEVELS AND REDUCE HEALTH CARE COSTS. THE OVERALL GOAL OF THESE PROGRAMS IS TO IMPROVE THE QUALITY OF LIFE AND HELP PEOPLE LIVE INDEPENDENTLY LONGER. THESE PROGRAMS ARE OFFERED THROUGHOUT SOUTHERN MINNESOTA. JUST OVER 1,500 PARTICIPANTS WERE SERVED BY HEALTH AND WELLNESS CLASSES FROM JULY1, 2023 TO JUNE 30, 2024. DURING THIS TIME PERIOD, 5 NEW EXERCISE CLASSES WERE STARTED.

THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM TRANSITIONED FROM CATHOLIC CHARITIES AS THE GRANTEE TO WINONA VOLUNTEER SERVICES THIS PAST TAX SEASON. WVS BUILT A NEW FACILITY, INCLUDING A PERMANENT SITE FOR THE VITA PROGRAM, MAKING THEM A LOGICAL SPONSOR MOVING FORWARD. WE CONTINUE TO SUPPORT THE VOLUNTEERS THROUGH AMERICORPS SENIORS.

IN THIS PAST YEAR, AMERICORPS VOLUNTEERS AND ACTIVE AGING PROGRAMS STAFF HAVE CONDUCTED 10 FINANCIAL CLASSES. THESE ARE DONE THROUGH PARTNERSHIPS WITH OLMSTED COUNTRY WOMEN'S SHELTER AND ST. VINCENT DE PAUL. WE HAVE ALSO BEEN ABLE TO HOLD SEVERAL TWO HOUR SEMINARS FOR OLDER ADULTS, CENTERING ON AVOIDING SCAMS AND ELDER FINANCIAL FRAUD. THROUGH THESE PROGRAMS, 65 PEOPLE WERE SERVED.

IN AN EFFORT TO EXPAND THE MEDIAPPS SERVICES, THIS PROGRAM WILL NOW COME UNDER ACTIVE AGING. OUR HOPE IS TO UTILIZE AMERICORPS SENIORS VOLUNTEERS TO PROVIDE EDUCATION AND GUIDANCE IN NAVIGATING THE PATIENT ASSISTANCE PROGRAMS WITH PHARMACEUTICAL COMPANIES WITH A GOAL OF ENROLLING OLDER ADULTS THROUGHOUT OUR AREA. AMERICORPS SENIORS FUNDING FOR 2025-27 HAS BEEN APPLIED FOR AND PENDING, INCLUDING THE ADDITION OF WORK DONE THROUGH MEDIAPPS.

FORM 990 PART III LINE 4D

ADOPTION

CATHOLIC CHARITIES HAS BEEN CREATING FAMILIES IN SOUTHERN MINNESOTA FOR

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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OVER 75 YEARS. WE ARE A CHILD PLACING AGENCY LICENSED IN MINNESOTA. OUR LICENSED SOCIAL WORKERS PROVIDE DOMESTIC INFANT ADOPTION SERVICES, INTERNATIONAL ADOPTION SERVICES, AND DESIGNATED ADOPTION SERVICES. IN DOMESTIC INFANT ADOPTION, OUR SOCIAL WORK STAFF HELPS TO FACILITATE THE MATCH BETWEEN BIRTHPARENTS AND ADOPTIVE COUPLES AND ASSIST WITH THE PROCESS OF FREEING THE CHILD FOR ADOPTION AND PLACEMENT OF THE CHILD IN THE ADOPTIVE HOME, AS WELL AS THE SUPERVISION OF THE ADOPTIVE PLACEMENT THROUGH THE ADOPTION LEGALIZATION. THE ADOPTION STAFF IS COMMITTED TO PROVIDING SUPPORT AND GUIDANCE THROUGHOUT THE ENTIRE ADOPTION PROCESS BOTH TO THE ADOPTIVE COUPLE AND THE BIRTHPARENTS. WE HAVE A SUPERVISED PROVIDER AGREEMENT WITH HOLT INTERNATIONAL OF OREGON TO COMPLETE INTERNATIONAL ADOPTIVE HOME STUDIES AND PROVIDE POST PLACEMENT SUPERVISION WITH MINNESOTA RESIDENTS LIVING IN OUR SERVICE AREA WHO WANT TO ADOPT INTERNATIONALLY. DESIGNATED ADOPTION SERVICES ARE PROVIDED TO ADOPTIVE APPLICANTS CHOOSING NOT TO BE A PART OF OUR DOMESTIC ADOPTION PROGRAM, BUT ARE IN NEED OF INDIVIDUAL SERVICES SUCH AS A STUDY OR POST PLACEMENT SERVICES. WE OFFER A QUARTERLY "JOURNEY TO ADOPT" EDUCATIONAL SUPPORT GROUP FOR OUR FAMILIES WHO HAVE COMPLETED THE ADOPTION STUDY PROCESS AND ARE READY TO ADOPT. WE ARE PROACTIVE IN OUR EFFORTS TO MAKE SURE BOTH ADOPTIVE PARENTS AND BIRTHPARENTS HAVE A FULL COMPLEMENT OF SERVICES. IN EVERY ADOPTION, THE WELFARE OF THE CHILD IS OF PRIMARY CONCERN.

ADOPTION PROGRAM SERVICE FEES ARE PAID BY ADOPTIVE COUPLES AND DESIGNED TO COVER THE OPERATING EXPENSES OF THE PROGRAM. TO ELIMINATE COST AS A BARRIER TO ADOPTION, A PORTION OF THE ADOPTION FEES ARE ASSESSED ON A SLIDING SCALE BASED ON HOUSEHOLD INCOME WITH A MINIMUM AND MAXIMUM CAP. ANY DEFICITS ARE SUPPLEMENTED BY GENERAL CONTRIBUTIONS TO CATHOLIC CHARITIES. THE MAJORITY OF CHILDREN ARE PLACED DIRECTLY OUT OF THE HOSPITAL INTO THE ADOPTIVE HOME. THERE ARE A NUMBER OF DIFFERENT WAYS DOMESTIC INFANT ADOPTION HAPPENS. PREGNANT WOMEN MAY COME TO THE AGENCY LOOKING TO PLACE THEIR CHILD IN AN ADOPTIVE HOME, WHICH HAS ALWAYS BEEN A SERVICE OPTION, AND WE ARE READY TO ASSIST BOTH THE ADOPTIVE PARENTS AND BIRTHPARENT IN THAT PROCESS. ANOTHER WAY IN WHICH ADOPTIVE PARENTS AND BIRTHPARENTS ARE MAKING A CONNECTION IS THROUGH PERSONAL CONNECTIONS OR SOCIAL MEDIA PLATFORMS. WOMEN PLACING THEIR CHILDREN FOR ADOPTION DO SO BECAUSE THEY WANT MORE FOR THE CHILD THAN WHAT THEY CAN PROVIDE. DURING THIS REPORTING CYCLE, 13 FAMILIES RECEIVED ADOPTION SERVICES.

CATHOLIC CHARITIES ADOPTIVE FAMILIES SHARE IN THEIR OWN WORDS WHAT ADOPTION HAS MEANT TO THEM:

"THE HOME STUDY PROGRAM WAS VERY EDUCATIONAL FOR US ON NOT ONLY ABOUT THE TYPES OF ADOPTIONS BUT ALSO THE MANY OF THE SOCIAL AND EMOTIONAL THINGS WE AS A COUPLE AND OUR POTENTIAL CHILD WOULD FACE WE TOOK SOLACE IN THE CATHOLIC CHARITIES ADOPTION SUPPORT CLASSES AND WITH OTHER COUPLES WHO WERE HAVING SIMILAR WAIT TIMES. ADOPTION FOR US CERTAINLY HAD ITS CHALLENGES, BUT ITS BENEFITS WELL OUTWEIGH THOSE AND WE WILL NEVER REGRET OUR CHOICE TO PURSUE ADOPTION FOR OUR FAMILY."

"OUR JOURNEY TO ADOPT HAS ALREADY HAD SOME HIGHS AND LOWS BUT WE TRY TO REMEMBER THAT WE'RE NOT THE FIRST - AND WE WON'T BE THE LAST - TO TAKE THIS JOURNEY. THANKS TO CATHOLIC CHARITIES, WE ARE OFTEN REMINDED WE'RE NOT ON THIS PATH ALONE. WE ATTEND INFORMATIONAL MEETINGS WITH OTHER COUPLES WAITING TO ADOPT AND WE'VE DEVELOPED FRIENDSHIPS WITH THESE OTHER SPECIAL PEOPLE. WE TALK ABOUT OUR PLANS TO ADOPT OPENLY WITH FRIENDS AND STRANGERS, WHICH INEVITABLY HAS LED TO PEOPLE SHARING THEIR STORIES OF ADOPTION WITH US. THIS ADVOCACY IS VERY IMPORTANT WORK - WE BELIEVE FAMILIES COME IN ALL SHAPES AND SIZES. A STRONG FAMILY IS NOT

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
TIED TOGETHER BY BLOOD AND GENETICS; IT'S TIED BY PEOPLE WHO LOVE AND SUPPORT EACH OTHER."			

POST ADOPTION SERVICE

POST ADOPTION SERVICES ARE PROVIDED TO ADOPTED ADULTS, BIRTHPARENTS, ADOPTIVE PARENTS OF MINOR CHILDREN, AND GENETIC SIBLINGS, WHO MAY CHOOSE TO ENGAGE IN A SEARCH PROCESS WITH THE AGENCY. AS A LICENSED ADOPTION AGENCY, CATHOLIC CHARITIES KEEPS EVERY PERMANENT ADOPTION RECORD FOR THE FAMILIES AND BIRTHPARENTS WE HAVE WORKED WITH. POST ADOPTION SERVICES INCLUDE ANSWERING REQUESTS FOR MEDICAL OR BACKGROUND INFORMATION OR AN ACTUAL SEARCH FOR CONTACT WITH THE OTHER PARTY. FEES ARE CHARGED. ASSISTANCE AND COUNSELING IS OFFERED TO ALL WHO COME LOOKING FOR SERVICES. CATHOLIC CHARITIES ADHERES TO MINNESOTA STATUTES AND RULES REGARDING POST ADOPTION SEARCH AND RECORDS. WE ARE COMMITTED TO PROVIDING INFORMATION AND GUIDANCE IN THE POST ADOPTION JOURNEY. DURING THIS REPORTING CYCLE, 79 HOUSEHOLDS RECEIVED POST ADOPTION SERVICES WHICH INCLUDED INTERMEDIARY EXCHANGES BETWEEN BIRTHPARENTS AND ADOPTIVE PARENTS OR BIRTHPARENTS AND THEIR ADULT CHILDREN. PREGNANCY, PARENTING, AND ADOPTION

CATHOLIC CHARITIES BELIEVES IN CARING FOR THE GIFT OF LIFE AND PROVIDES POSITIVE ALTERNATIVES TO ABORTION. WE HAVE BEEN PROVIDING SERVICES TO PREGNANT AND PARENTING WOMEN FOR OVER 75 YEARS. WE OFFER FREE, CONFIDENTIAL SUPPORT FOR THOSE WHO ARE PREGNANT. WE HELP WOMEN AND MEN THOUGHTFULLY DECIDE BETWEEN PARENTING OR ADOPTION SO THEY CAN CONFIDENTLY PURSUE THE BEST PLAN FOR THEMSELVES AND THEIR BABIES. A SOCIAL WORKER IS ON CALL 24 HOURS A DAY, 365 DAYS A YEAR. OUR PREGNANCY, PARENTING AND ADOPTION PROGRAM OFFERS TANGIBLE HELP AND A SENSE OF HOPE DURING TIMES OF CRISIS. WOMEN FACED WITH AN UNPLANNED PREGNANCY RECEIVE THE SUPPORT NEEDED TO SELF-DETERMINE WHAT WILL BE THE BEST PLAN FOR THEIR BABY. IF THE EXPECTANT PARENT CHOOSES TO MAKE AN ADOPTION PLAN FOR THEIR CHILD, CATHOLIC CHARITIES ASSISTS THE BIRTHPARENT BY OFFERING COUNSELING AND DECISION MAKING SUPPORT, HELP IN SELECTING AND MEETING AN ADOPTIVE FAMILY, DETERMINING HOW MUCH OPENNESS THEY WANT, AND MAKING A PLAN FOR THE HOSPITAL TIME AND THEIR FUTURE. IF THE EXPECTANT PARENT CHOOSES TO RAISE THEIR CHILD, CATHOLIC CHARITIES WILL PROVIDE SUPPORT TO MAKE A PARENTING PLAN, PARENTING EDUCATION, AND ACCESS TO BABY ITEMS SUCH AS A FREE PACK N PLAY, INFANT CAR SEAT, DIAPERS, AND WIPES.

THE MOTHER CHILD ASSISTANCE FUND HELPS WOMEN TO CARRY THEIR BABY TO TERM AND HELPS WOMEN WITH BABIES BY PROVIDING THE DIRECT SUPPORT THEY NEED TO WORK THROUGH DIFFICULTIES THEY ARE FACING. FINANCIAL ASSISTANCE IS AVAILABLE FOR RENT, UTILITIES, AND OTHER NEEDS. SUPPORT FOR THE MOTHER AND CHILD ASSISTANCE FUND IS RAISED THROUGH OUR ANNUAL BABY BOTTLE CAMPAIGN EACH OCTOBER, DURING RESPECT LIFE MONTH. CHURCHES, SCHOOLS, AND OTHER GROUPS DISTRIBUTE EMPTY BABY BOTTLES TO INDIVIDUALS AND FAMILIES. THE BOTTLES ARE FILLED WITH CHANGE AND THE PROCEEDS SUPPORT OUR DIRECT ASSISTANCE FUND ALL YEAR LONG. WE PROVIDE BABY ITEMS AND FREE PACK N PLAYS THROUGH A PARTNERSHIP PROGRAM TO ANY FAMILY IN NEED SO THAT THEIR BABY HAS A SAFE PLACE TO SLEEP. OUR SOCIAL WORKERS ARE CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS AND WE PROVIDE EDUCATION AND SAFETY CHECKS WITH EVERY INFANT CAR SEAT PROVIDED. WE AIM TO IMPROVE FAMILY STABILITY AND SELF-SUFFICIENCY THROUGH THE PROVISION OF FINANCIAL LITERACY EDUCATION, SAFE SLEEP EDUCATION, AND SHAKEN BABY

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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PREVENTION. A NURTURING HEALTHY FAMILIES PARENTING GROUP IS OFFERED VIRTUALLY ON A MONTHLY BASIS TO HELP PARENTS GAIN SKILLS AND CONFIDENCE IN RAISING THEIR CHILDREN.

SINCE 2006, CATHOLIC CHARITIES HAS BEEN THE RECIPIENT OF A POSITIVE ALTERNATIVES GRANT THROUGH THE MINNESOTA DEPARTMENT OF HEALTH. OUR PROGRAM SERVICES CLEARLY SUPPORT THE GOALS OF THE GRANT WHICH ARE TO ENCOURAGE AND ASSIST WOMEN IN CARRYING THEIR PREGNANCIES TO TERM, IN CARING FOR THEIR BABIES AFTER BIRTH, AND TO PROVIDE ACCURATE INFORMATION ON, REFERRAL TO, AND ASSISTANCE WITH SECURING NECESSARY SERVICES.

DURING THIS REPORTING CYCLE, 326 NEW AND EXPECTANT PARENTS RECEIVED PREGNANCY, PARENTING AND ADOPTION SERVICES. HERE ARE QUOTES FROM PARENTS WHO RECEIVED SERVICES FROM OUR PROGRAM:

"THIS GRANT WILL GIVE ME TIME TO GET THINGS IN ORDER AND SEARCH FOR A JOB. I KNOW I'LL HAVE SOMEWHERE SAFE TO GO AND THAT MY BABY WILL BE SAFE, TOO."

"RECEIVING THIS [FINANCIAL ASSISTANCE] WILL IMPROVE MY FAMILY'S SITUATION IMMENSELY. WE WILL BE ABLE TO MOVE FORWARD AND PAY RENT ON TIME. AS STATED PREVIOUSLY, I HAVE NEVER RECEIVED EMERGENCY ASSISTANCE, MY SIGNIFICANT OTHER AND I ARE TRULY HARD WORKING JUST WENT THROUGH A ROUGH FEW MONTHS."

ONWARD AND UPWARD

CATHOLIC CHARITIES' ONWARD AND UPWARD PROGRAM SUPPORTS LOW INCOME SINGLE PARENTS AS THEY PURSUE A DEGREE IN THE HEALTHCARE FIELD. THERE ARE THREE COMPONENTS TO THE ONWARD AND UPWARD PROGRAM: MENTORING, SCHOLARSHIPS, AND EMERGENCY FINANCIAL ASSISTANCE. SINGLE PARENTS WHO ARE ACCEPTED INTO THE ONWARD AND UPWARD PROGRAM ARE PAIRED WITH A CATHOLIC CHARITIES SOCIAL WORKER TO RECEIVE MENTORING. THESE TWICE-MONTHLY MEETINGS ARE BASED ON THE NEEDS OF EACH STUDENT, BUT COVER TOPICS SUCH AS RESOURCES, GOAL SETTING, BUDGETING, TIME MANA

FORM 990 PART III LINE 4D AMERICORPS SENIORS RSVP

ACTIVE AGING PROGRAMS AT CATHOLIC CHARITIES SERVES AS THE FACILITATORS OF AMERICORPS SENIORS RETIRED SENIOR VOLUNTEER PROGRAM (RSVP). THE PROGRAM OPERATES IN COUNTIES IN SOUTH CENTRAL AND SOUTHEASTERN MINNESOTA, INCLUDING: BLUE EARTH, BROWN, DODGE, FARIBAULT, FILLMORE, FREEBORN, GOODHUE, HOUSTON, LE SUEUR, MARTIN, MOWER, NICOLLET, OLMSTED, RICE, STEELE, WABASHA, WASECA, WATONWAN AND WINONA.

WORKING AT THE GRASSROOTS LEVEL, PARTNERING WITH NOT FOR PROFIT AGENCIES, AMERICORPS SENIORS RSVP ENGAGES ADULTS AGE 55 AND OVER TO VOLUNTEER THEIR LIFE EXPERIENCES AND SKILLS IN MEETING THE NEEDS OF THEIR NEIGHBORS IN THEIR LOCAL COMMUNITIES THROUGH VOLUNTEER SERVICE. THIS SERVICE IS COMPLETED THROUGH A NETWORK OF COLLABORATIVE AGENCIES SUCH AS HUMAN SERVICE ORGANIZATIONS, SENIOR CENTERS, NON-PROFIT TRANSPORTATION PROVIDERS, SCHOOLS AND FOOD BANKS WHO RECEIVE SUPPORT WITH RECRUITMENT, REFERRAL, RETENTION AND RECOGNITION FOR VOLUNTEERS SERVING THEM.

RSVP VOLUNTEERS PROVIDE CRITICAL SERVICES, INCLUDING: FOOD DELIVERY,

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
TRANSPORTATION, COMPANIONSHIP, FOOD PANTRY SUPPORT, LEADING HEALTH AND WELLNESS PROGRAMS, TUTORING IN ELEMENTARY SCHOOLS AND HOME REPAIR/BUILDING.			

FROM JULY1, 2021 TO JUNE 30, 2022, THERE WERE 1,063 VOLUNTEERS WHO PROVIDED 119,164 HOURS OF SERVICE TO 140 NONPROFIT AGENCIES IN THEIR COMMUNITIES. AS MORE OF THESE AGENCIES OPENED BACK UP TO VOLUNTEERS FOLLOWING RESTRICTIONS BROUGHT ON BY COVID, THOSE NUMBERS ARE AN INCREASE FROM THE PRIOR YEAR. NUMBERS REPORTED ABOVE INCLUDE THE ADDITION OF 208 NEW VOLUNTEERS AND 6 NEW PARTNERING AGENCIES. OLDER ADULTS IN OUR PROGRAM CONTINUE TO SHOW RESILIENCE AS THEY WORK TO CONNECT AND SERVE IN THEIR COMMUNITIES AND THE NONPROFITS IN THOSE COMMUNITIES VALUE THE CONTRIBUTIONS THESE VOLUNTEERS OFFER.

ACTIVE AGING PROGRAMS ALSO PROVIDES HEALTH AND WELLNESS OPPORTUNITIES AND EXPERIENCES THAT ARE CHANGING LIVES. THE PROGRAMS ARE EVIDENCE-BASED AND HAVE PROVEN OUTCOMES TO HELP BUILD PEOPLES' CONFIDENCE IN MANAGING THEIR HEALTH CONDITIONS, INCREASE PHYSICAL ACTIVITY LEVELS AND REDUCE HEALTH CARE COSTS. THE OVERALL GOAL OF THESE PROGRAMS IS TO IMPROVE THE QUALITY OF LIFE AND HELP PEOPLE LIVE INDEPENDENTLY LONGER. THESE PROGRAMS ARE OFFERED THROUGHOUT SOUTHERN MINNESOTA. JUST OVER 1,600 PARTICIPANTS WERE SERVED BY HEALTH AND WELLNESS CLASSES FROM JULY1, 2021 TO JUNE 30, 2022.

ANOTHER GROUP SUPPORTED THROUGH ACTIVE AGING PROGRAMS IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM. VITA, FUNDED THROUGH THE MINNESOTA DEPARTMENT OF REVENUE AND THE IRS, PROVIDES FREE TAX PREPARATION FOR LOW-INCOME INDIVIDUALS AND FAMILIES. ALL WORK IS DONE BY VOLUNTEERS. THIS PAST TAX SEASON, 55 VOLUNTEERS SERVED 1,077 CLIENTS WITH A TOTAL IN CLIENT BENEFITS OF OVER 2 MILLION DOLLARS. THIS VITAL SERVICE IS OFFERED IN WINONA, ST. CHARLES AND LA CRESCENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILD & FAMILY SERVICES

PARENTING SUPPORT:

CATHOLIC CHARITIES SUPPORTS CONFIDENT PREGNANCIES AND STABLE BEGINNINGS FOR CHILDREN. WE HELP WOMEN AND MEN THOUGHTFULLY DECIDE BETWEEN PARENTING OR ADOPTION SO THEY CAN CONFIDENTLY PURSUE THE BEST PLAN FOR THEMSELVES AND THEIR BABIES. CATHOLIC CHARITIES HELPS EXPECTANT PARENTS TO MAKE A PARENTING PLAN, PROVIDES PARENTING EDUCATION AND ACCESS TO BABY ITEMS. WE PROVIDE FREE PORTABLE CRIBS SO INFANTS HAVE A SAFE PLACE TO SLEEP, FREE INFANT CAR SEATS FOR THOSE THAT CANNOT AFFORD BABY SUPPLIES, AND OFFER DIAPER BANKS IN FIVE COMMUNITIES ACROSS THE DIOCESE. WE PROVIDE ONE-TIME FINANCIAL ASSISTANCE FOR NEW AND EXPECTANT PARENTS IN NEED OF RENT OR UTILITY ASSISTANCE, WHICH IS LARGELY FUNDED THROUGH OUR ANNUAL BABY BOTTLE CAMPAIGN. IN FISCAL YEAR 2024, WE SUPPORTED 646 NEW AND EXPECTANT PARENTS.

ADOPTION

OUR ADOPTION PROGRAM IS THE LONGEST-STANDING PROGRAM AT CATHOLIC CHARITIES. WE PRIMARILY OFFER DOMESTIC INFANT ADOPTION AND ARE LICENSED BY THE STATE OF MINNESOTA. OUR MISSION IS TO FIND HOMES FOR CHILDREN WHO NEED A LOVING, STABLE FAMILY. CATHOLIC CHARITIES PROVIDES PREGNANCY COUNSELING AND DECISION MAKING SUPPORT TO EXPECTANT PARENTS. WE PROVIDE GUIDANCE IN SELECTING AND MEETING AN ADOPTIVE FAMILY, DETERMINING HOW

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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MUCH OPENNESS THEY WANT, AND MAKING A PLAN FOR THE HOSPITAL TIME AND THEIR FUTURE. WE HAVE A COOPERATIVE AGREEMENT WITH HOLT INTERNATIONAL TO OFFER HOME STUDIES AND POST PLACEMENT SUPERVISION FOR INTERNATIONAL ADOPTIONS. OUR SOCIAL WORKERS COMPLETE ASSESSMENTS, HOME STUDIES, AND EDUCATION FOR COUPLES WANTING TO ADOPT A CHILD. WE ARE MEMBERS OF THE NATIONAL COUNCIL FOR ADOPTION AND BRAVELOVE. OUR SERVICES CONTINUE THROUGH THE LIFESPAN FOR ALL MEMBERS OF THE ADOPTION CONSTELLATION BY OFFERING ONGOING SUPPORT, ADOPTION DAY CELEBRATIONS, INTERMEDIARY SERVICES, AND POST-ADOPTION SEARCH AND REUNION SERVICES. IN FISCAL YEAR 2024, WE SERVED ELEVEN FAMILIES IN OUR ADOPTION PROGRAM AND ASSISTED 32 INDIVIDUALS WITH POST ADOPTION SUPPORT.

ONWARD & UPWARD

CATHOLIC CHARITIES' ONWARD AND UPWARD PROGRAM SUPPORTS LOW INCOME SINGLE PARENTS AS THEY PURSUE A DEGREE IN THE HEALTHCARE FIELD. THERE ARE THREE COMPONENTS TO THE ONWARD AND UPWARD PROGRAM: MENTORING, SCHOLARSHIPS, AND EMERGENCY FINANCIAL ASSISTANCE. SINGLE PARENTS WHO ARE ACCEPTED INTO THE ONWARD AND UPWARD PROGRAM ARE PAIRED WITH A CATHOLIC CHARITIES SOCIAL WORKER TO RECEIVE MENTORING. THESE MONTHLY MEETINGS ARE BASED ON THE NEEDS OF EACH STUDENT, AND COVER TOPICS SUCH AS RESOURCES, GOAL SETTING, BUDGETING, TIME MANAGEMENT, SELF CARE AND IDENTIFYING THE STUDENT'S LEARNING STYLES. STUDENTS ALSO RECEIVE A MONTHLY SCHOLARSHIP TO HELP WITH NON-ACADEMIC NEEDS, AND MAY APPLY FOR EMERGENCY FINANCIAL ASSISTANCE AS NEEDED FOR UNEXPECTED EXPENSES. EMERGENCY FINANCIAL ASSISTANCE IS MOST OFTEN USED FOR CAR REPAIRS, UTILITIES, TEXTBOOKS, AND MEDICAL BILLS. THE GOAL IS TO LIFT FAMILIES OUT OF POVERTY AND INTO SELF SUFFICIENCY THROUGH SUPPORTING EDUCATION. OUR MOST RECENT GRADUATES BEGIN EARNING AN AVERAGE OF \$20 MORE PER HOUR AFTER GRADUATING WITH THEIR NEW DEGREE! ONWARD AND UPWARD SUPPORTS 10-12 FAMILIES AT A TIME.

HOME STUDY AND POST RELEASE SERVICES

CATHOLIC CHARITIES RECEIVED A NEW GRANT THROUGH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS IN SPRING 2024 TO OFFER HOME STUDY AND POST RELEASE SERVICES TO UNACCOMPANIED MIGRANT CHILDREN. WHEN UNACCOMPANIED CHILDREN ARE APPREHENDED AT THE US/MEXICO BORDER AND A SPONSOR CAN BE IDENTIFIED, THE CHILDREN ARE RELEASED TO THE SPONSOR'S CARE. DEPENDING ON THE NATURE OF THE RELATIONSHIP BETWEEN SPONSOR AND CHILD, A HOME STUDY MAY BE REQUIRED. CATHOLIC CHARITIES SOCIAL WORKERS PROVIDE HOME STUDIES TO ASSESS THE SUITABILITY AND SAFETY OF A POTENTIAL SPONSOR BEFORE A CHILD IS RELEASED FROM SHELTER CARE. OUR SOCIAL WORKERS ALSO PROVIDE POST RELEASE SERVICES TO HELP SPONSORS ENROLL THE CHILDREN IN SCHOOL, OBTAIN MEDICAL AND MENTAL HEALTH CARE, UNDERSTAND THEIR LEGAL RIGHTS WITHIN IMMIGRATION, PURSUE GUARDIANSHIP, ACCESS COMMUNITY RESOURCES, OBTAIN SUBSTANCE USE TREATMENT, AND ASSIST IN THE ADJUSTMENT OF THE SPONSOR AND CHILD. WE HAVE SERVED 37 YOUTH, BETWEEN THE AGES OF 4 AND 18, SINCE MAY 2024.

ADULT ADVOCACY

THE MISSION OF THE ADULT ADVOCACY PROGRAM IS TO PROVIDE PERSON CENTERED SERVICES THAT IMPROVE WELLBEING AND PREVENT HARM FOR THE INDIVIDUALS WE SERVE. THE PROGRAM OFFERS BOTH COURT APPOINTED AND NON-COURT APPOINTED SERVICES. COURT APPOINTED SERVICES ARE ORDERED AND SUPERVISED BY THE COURT AT ALL TIMES. NON-COURT APPOINTED SERVICES FOLLOW FORMAL DIRECTIONS BY THE INDIVIDUALS SERVED. SERVICES OFFERED BY THE PROGRAM ARE GUARDIANSHIP, CONSERVATORSHIP, POWER OF ATTORNEY, TRUSTEE, PERSONAL

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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REPRESENTATIVE OF THE ESTATE, HEALTH CARE AGENT AND SUPPORTED DECISION MAKER. STAFF ARE GUIDED BY THE PROFESSIONAL STANDARDS OF THE NATIONAL GUARDIANSHIP ASSOCIATION.

INDIVIDUALS SERVED MAY HAVE DEVELOPMENTAL DISABILITIES, SERIOUS AND PERSISTENT MENTAL ILLNESS, CHEMICAL AND/OR DRUG DEPENDENCE, PHYSICAL IMPAIRMENT, COGNITIVE IMPAIRMENT, OR COMPLEX MEDICAL DIAGNOSES, WHOM ARE UNABLE TO MAKE DECISIONS FOR THEIR WELLBEING OR CARE ANY LONGER. THE INDIVIDUALS SERVED LIVE IN A VARIETY OF SETTINGS INCLUDING RESIDENTIAL GROUP HOMES, CORPORATE FOSTER CARE, SKILLED NURSING CARE CENTERS, ASSISTED LIVING FACILITIES AND INDEPENDENT LIVING SETTINGS DEPENDING ON WHAT IS THE LEAST RESTRICTIVE HOUSING TO SUPPORT THEIR INDIVIDUAL NEEDS.

SPECIFIC EXAMPLES OF SERVICES PROVIDED TO CLIENTS THROUGH THE ADULT ADVOCACY PROGRAM INCLUDE ATTENDING MEDICAL APPOINTMENTS; GIVING LEGAL CONSENT FOR TREATMENTS, MEDICATIONS AND PROCEDURES; FINDING BETTER SUITED PLACEMENT OR LIVING ARRANGEMENTS FOR CLIENTS WHEN NEEDED; SHOPPING WITH AND FOR CLIENTS; COORDINATING THE SALE OF REAL ESTATE OR OTHER VALUABLE ITEMS ON BEHALF OF CLIENTS, MANAGING FINANCES, ASSISTING IN LOCATING AND OBTAINING ENTITLED SERVICES (SUCH AS SOCIAL SECURITY MEDICARE, MEDICAID AND/OR VETERANS BENEFITS) AND EMPLOYMENT; AND OVERALL COORDINATION OF SERVICES TO ENSURE THAT THE HIGHEST QUALITY OF CARE POSSIBLE IS OFFERED TO EACH CLIENT. WE STRIVE TO ADVOCATE, PROMOTE INDEPENDENCE AND PURSUE THE LEAST RESTRICTIVE SETTING FOR OUR CLIENTS. THE PROGRAM IS STRUCTURED WITH A PROGRAM DIRECTOR, PROGRAM COORDINATOR, 3 CASE MANAGERS AND AN ACCOUNTING ASSISTANT. A TOTAL OF 99 INDIVIDUALS WERE SERVED. 38 OF THOSE INDIVIDUALS WERE UNDER BOTH GUARDIANSHIP AND CONSERVATORSHIP; 6 WERE UNDER CONSERVATORSHIP ONLY, 52 WERE UNDER GUARDIANSHIP ONLY. WE WERE THE PERSONAL REPRESENTATIVE FOR 1 INDIVIDUAL, AND ONLY THE SPECIAL NEEDS TRUST TRUSTEE FOR 2 INDIVIDUALS. WE ARE CONTRACTED TO SERVE CLIENTS THROUGH FILLMORE, GOODHUE, OLMSTED, STEELE AND WINONA COUNTIES. 10 OF OUR CLIENTS ARE PRIVATE PAY. WE ARE SERVING MOST OF OUR CLIENTS IN THE WINONA AND SURROUNDING AREA, BUT DEPENDING ON THEIR NEEDS AND THE AVAILABILITY OF APPROPRIATE PLACEMENT, WE ALSO SERVE IN GREATER MINNESOTA. INDIVIDUALS SERVED RANGED IN AGE FROM 19 TO 88.

FAMILY & INDIVIDUAL COUNSELING

THE FAMILY AND INDIVIDUAL COUNSELING SERVICES PROGRAM CONTINUES TO SERVE CLIENTS ACROSS THE SOUTHERN TIER OF MINNESOTA AS WELL AS EMPLOYEE ASSISTANCE CLIENTS FROM GREATER MINNESOTA AND INTO WISCONSIN. COUNSELING SERVICES ARE PROVIDED BY TRAINED AND LICENSED PROFESSIONALS. INSURANCE IS ACCEPTED AND OFTEN COVERS THE COST OF SERVICES, BUT A SLIDING FEE SCALE BASED ON HOUSEHOLD INCOME AND FAMILY SIZE IS AVAILABLE FOR PEOPLE WHO DO NOT HAVE INSURANCE COVERAGE. DURING THIS REPORTING CYCLE, INDIVIDUALS, COUPLES AND FAMILIES WERE PROVIDED COUNSELING SERVICES.

PARISH SOCIAL MINISTRIES

THE PARISH SOCIAL MINISTRY (PSM) PROGRAM EXISTS TO PROMOTE AWARENESS, EDUCATION, AND ACTION ON BEHALF OF CATHOLIC SOCIAL TEACHING IN PARISHES, SCHOOLS, AND LOCAL AGENCIES. "THE CHURCH CANNOT NEGLECT THE SERVICE OF CHARITY ANY MORE THAN SHE CAN NEGLECT THE SACRAMENTS AND THE WORD . . . THE CHURCH'S DEEPEST NATURE IS EXPRESSED IN HER THREE-FOLD RESPONSIBILITY: OF PROCLAIMING THE WORD OF GOD, CELEBRATING THE SACRAMENTS, AND EXERCISING THE MINISTRY OF CHARITY. THESE DUTIES PRESUPPOSE EACH OTHER AND ARE INSEPARABLE" (GOD IS LOVE - POPE BENEDICT

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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XVI). THESE WORDS FROM POPE BENEDICT TELL OF THE NEED TO PUT OUR FAITH INTO ACTION, AND THIS IS THE PRIMARY WORK OF THE PSM PROGRAM.

THE PSM PROGRAM THIS PAST YEAR WAS COMPRISED OF A TEAM OF TWO, WHICH INCLUDED THE DIRECTOR OF PSM AND A REGIONAL PSM COORDINATOR IN THE WORTHINGTON DEANERY. THE DIOCESAN SOCIAL CONCERNS COMMITTEE, ESTABLISHED IN 2013, HELPS PLOT THE DIRECTION OF THE WORK OF PSM.

MEDIAPPS

MEDIAPPS HELPS TO IMPROVE THE HEALTH AND WELL-BEING OF LOW-INCOME UNINSURED OR UNDERINSURED INDIVIDUALS IN OUR SERVICE AREA BY HELPING OBTAIN NEEDED PRESCRIPTION MEDICATIONS THEY CANNOT AFFORD ON THEIR OWN. EMERGENCY ASSISTANCE PROVIDED 256 PRESCRIPTIONS TO 108 UNIQUE INDIVIDUALS, FOR A TOTAL OF \$39,654. PATIENT ASSISTANCE ASSISTED 115 UNDUPLICATED INDIVIDUALS WITH 499 PRESCRIPTIONS, FOR A SAVINGS OF \$950,388. EXPENSES \$ 1,284,251. INCLUDING GRANTS OF \$ 187,249. REVENUE \$ 190,735.

FORM 990 PART III LINE 4D

ON BEHALF OF CATHOLIC SOCIAL TEACHING IN PARISHES, SCHOOLS, AND LOCAL AGENCIES. "THE CHURCH CANNOT NEGLECT THE SERVICE OF CHARITY ANY MORE THAN SHE CAN NEGLECT THE SACRAMENTS AND THE WORD . . . THE CHURCH'S DEEPEST NATURE IS EXPRESSED IN HER THREE-FOLD RESPONSIBILITY: OF PROCLAIMING THE WORD OF GOD, CELEBRATING THE SACRAMENTS, AND EXERCISING THE MINISTRY OF CHARITY. THESE DUTIES PRESUPPOSE EACH OTHER AND ARE INSEPARABLE" (GOD IS LOVE - POPE BENEDICT XVI). THESE WORDS FROM POPE BENEDICT TELL OF THE NEED TO PUT OUR FAITH INTO ACTION, AND THIS IS THE PRIMARY WORK OF THE PSM PROGRAM.

THE PSM PROGRAM THIS PAST YEAR WAS COMPRISED OF A TEAM OF TWO, WHICH INCLUDED THE DIRECTOR OF PSM AND A REGIONAL PSM COORDINATOR IN THE WORTHINGTON DEANERY. THE DIOCESAN SOCIAL CONCERNS COMMITTEE, ESTABLISHED IN 2013, HELPS PLOT THE DIRECTION OF THE WORK OF PSM. THERE ARE CURRENTLY SEVEN MEMBERS OF THIS COMMITTEE, WHICH INCLUDES THE PSM TEAM.

IN KEEPING WITH THE GOAL OF PROMOTING AWARENESS, THE PSM TEAM WORKS TO ESTABLISH, ENCOURAGE, AND GUIDE PARISH SOCIAL CONCERNS COMMITTEES, AND DEANERY SOCIAL CONCERNS ROUNDTABLES. THESE GROUPS FUNCTION LIKE THE DIOCESAN SOCIAL CONCERNS COMMITTEE BY IDENTIFYING LOCAL NEEDS AND HELPING TO PLAN OPPORTUNITIES FOR EDUCATION, PRAYER, AND ACTION. THESE GROUPS ALSO SERVE AS FAITH SHARING COMMUNITIES WHERE MEMBERS CAN SHARE INSIGHTS AND RESOURCES, DREAMS AND FRUSTRATIONS, THEREBY ENCOURAGING AND BUILDING ONE ANOTHER UP IN THE WORK FOR JUSTICE. THERE ARE 9 ACTIVE PARISH SOCIAL CONCERNS COMMITTEES AND 1 ACTIVE DEANERY SOCIAL CONCERNS ROUNDTABLE.

IN ITS EFFORT TO EDUCATE ABOUT CATHOLIC SOCIAL TEACHING, THE PSM TEAM CONDUCTS SOCIAL CONCERNS STUDY DAYS AND FACILITATES BIBLE STUDIES ON VARIOUS TOPICS OF CATHOLIC SOCIAL TEACHING. IN THE LAST YEAR, THE PSM TEAM CONDUCTED TWO STUDY DAYS WITH A TOTAL OF 76 REGISTRANTS AND FOUR BIBLE STUDIES WITH A TOTAL OF 30 PARTICIPANTS. THE WORTHINGTON DEANERY COORDINATOR ALSO PLANNED A RETREAT FOR HIGH SCHOOLERS ON LIVING LIVES OF SERVICE. MOST OF THE PARISHES IN THE DEANERY SENT YOUTH AND ADULT LEADERS. A TOTAL OF 163 PEOPLE PARTICIPATED.

IN ORDER TO PROMOTE ACTION ON BEHALF OF CATHOLIC SOCIAL TEACHING, THE PSM TEAM FACILITATES ADVOCACY MEETINGS BETWEEN LEGISLATORS AND CONSTITUENTS ON ISSUES OF CONCERN. THIS YEAR, AS PART OF THE JOINT RELIGIOUS LEGISLATIVE COALITION'S "DAY ON THE HILL," THE PSM TEAM

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER	Employer identification number	41-0721636
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HELPED TO COORDINATE FIVE VISITS WITH STATE LEGISLATORS. THERE WERE 13 INDIVIDUALS THAT MADE 24 VISITS WITH LEGISLATORS BETWEEN THE FIVE MEETINGS.

AS OF JULY OF 2022, THE CATHOLIC ACCOMPANIMENT AND REFLECTION EXPERIENCE (CARE) PROGRAM WAS APPROVED AS A NEW PROGRAM UNDER THE PARISH SOCIAL MINISTRY PROGRAMMING. THE PURPOSE OF THE CARE PROGRAM IS TO ACCOMPANY AND WELCOME IMMIGRANTS AND REFUGEES WITHIN CATHOLIC CHARITIES OF SOUTHERN MINNESOTA'S SERVICE AREA. INITIALLY, THIS PROGRAM WILL BE SPECIFICALLY FOCUSED ON PROVIDING TRANSPORTATION FOR, AND PASTORALLY ACCOMPANYING IMMIGRANTS IN THE WORTHINGTON, MN AREA TO IMMIGRATION COURT APPOINTMENTS AND IMMIGRATION AND CUSTOMS ENFORCEMENT CHECK-INS.

DISASTER RECOVERY ALSO FALLS UNDER THE JURISDICTION OF PSM. THE PSM TEAM IS MAKING EFFORTS TO BECOME TRAINED IN DISASTER RECOVERY, THROUGH THE APPLIED INSTITUTE FOR DISASTER EXCELLENCE (AIDE) PROGRAM RUN BY CATHOLIC CHARITIES USA.

THE DIRECTOR IS RESPONSIBLE FOR OVERSEEING THE DISBURSEMENT OF LOCAL FUNDS FOR CRS RICE BOWL, AND THE CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT (CCHD). THE RICE BOWL FUNDS GO TO HELP INDIVIDUALS WHO CAN'T PAY UTILITIES AND OTHER RELATED FINANCIAL ISSUES. THE CCHD FUNDS MAKE UP THE LOCAL "WORKS OF JUSTICE" FUND. THESE FUNDS ARE DISTRIBUTED IN THE FORM OF MICRO-GRANTS TO LOCAL ORGANIZATIONS WHO WORK TO COMBAT THE ROOT CAUSES OF POVERTY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BISHOP FOR THE DIOCESE OF WINONA-ROCHESTER CAN APPOINT ALL BOARD MEMBERS.

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

THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE FORM 990 AT ITS NOVEMBER BOARD MEETING PRIOR TO ITS FILING.

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

ANNUALLY BOARD MEMBERS SIGN A CONFLICT OF INTEREST DISCLOSURE. BOARD MEMBERS ABSTAIN FROM VOTING ON ANY ISSUES TO WHICH THEY HAVE A CONFLICT AND THIS IS DOCUMENTED IN THE MINUTES.

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

THE BOARD OF DIRECTORS EVALUATE PERFORMANCE AND SET THE COMPENSATION FOR THE CEO.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT OUR BUSINESS OFFICE DURING NORMAL BUSINESS HOURS.

FORM 990 PART XI LINE 2C

THE AUDIT COMMITTEE MAKES THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR SELECTION OF THE AUDITORS. THE AUDIT COMMITTEE ANNUALLY MEETS WITH THE AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 PART VII

WE WERE UNABLE TO OBTAIN COMPENSATION INFORMATION FOR MOST REVEREND JOHN QUINN FROM THE DIOCESE OF WINONA-ROCHESTER, A RELATED

