

Russell & Associates, LLC
111 Riverfront, Suite 401
P.O. Box 330
Winona, MN 55987

November 2, 2017

CATHOLIC CHARITIES of the
DIOCESE OF WINONA, INC.
111 Market Street No. 2
Winona, MN 55987

CATHOLIC CHARITIES of the DIOCESE OF WINONA, INC.:

Enclosed are the original and one copy of the 2016 Exempt
Organization returns, as follows...

2016 Form 990

2016 Minnesota Annual Report

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Very truly yours,

Russell & Associates, LLC

Filing Instructions

Prepared for:

CATHOLIC CHARITIES of the
DIOCESE OF WINONA, INC.
111 Market Street No. 2
Winona, MN 55987

Prepared by:

Russell & Associates, LLC
111 Riverfront, Suite 401
Winona, MN 55987

2016 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

2016 MINNESOTA ANNUAL REPORT

You have a balance due of\$ 25.00

Enclose a check or money order for \$25.00, payable to State of Minnesota. Include the organization's Federal Employer Identification Number and "2016 Annual Report" on the remittance.

The report should be signed and dated by the authorized individual(s).

Please mail on or before January 16, 2018.

Mail to - Office of the Attorney General
Suite 1200, Bremer Tower
445 Minnesota Street
St. Paul, MN 55101-2130

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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, INC. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 MARKET STREET 2 City or town, state or province, country, and ZIP or foreign postal code WINONA, MN 55987 F Name and address of principal officer: ROBERT TEREBA SAME AS C ABOVE	D Employer identification number **-***1636 E Telephone number 507-454-2270 G Gross receipts \$ 3,918,549. 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 ▶ 0928
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.CCWINONA.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 SERVES THE POOR AND MARGINALIZED, ADVOCATES FOR 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 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 48 6 Total number of volunteers (estimate if necessary) 6 1600 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																													
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,180,509. 9 Program service revenue (Part VIII, line 2g) 398,373. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,484. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,588,481.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="right">2,180,509.</td> <td align="right">3,362,991.</td> <td align="right">3,362,991.</td> <td align="right">3,362,991.</td> </tr> <tr> <td align="right">398,373.</td> <td align="right">412,869.</td> <td align="right">412,869.</td> <td align="right">412,869.</td> </tr> <tr> <td align="right">9,484.</td> <td align="right">72,241.</td> <td align="right">72,241.</td> <td align="right">72,241.</td> </tr> <tr> <td align="right">115.</td> <td align="right">1,184.</td> <td align="right">1,184.</td> <td align="right">1,184.</td> </tr> <tr> <td align="right">2,588,481.</td> <td align="right">3,849,285.</td> <td align="right">3,849,285.</td> <td align="right">3,849,285.</td> </tr> </tbody> </table>	Prior Year		Current Year		2,180,509.	3,362,991.	3,362,991.	3,362,991.	398,373.	412,869.	412,869.	412,869.	9,484.	72,241.	72,241.	72,241.	115.	1,184.	1,184.	1,184.	2,588,481.	3,849,285.	3,849,285.	3,849,285.				
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2,588,481.	3,849,285.	3,849,285.	3,849,285.																											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 354,213. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,763,241. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 153,857. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 496,859. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,614,313. 19 Revenue less expenses. Subtract line 18 from line 12 -25,832.	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td align="right">358,410.</td> <td align="right">358,410.</td> <td align="right">358,410.</td> <td align="right">358,410.</td> </tr> <tr> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">1,874,611.</td> <td align="right">1,874,611.</td> <td align="right">1,874,611.</td> <td align="right">1,874,611.</td> </tr> <tr> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">607,596.</td> <td align="right">607,596.</td> <td align="right">607,596.</td> <td align="right">607,596.</td> </tr> <tr> <td align="right">2,840,617.</td> <td align="right">2,840,617.</td> <td align="right">2,840,617.</td> <td align="right">2,840,617.</td> </tr> <tr> <td align="right">1,008,668.</td> <td align="right">1,008,668.</td> <td align="right">1,008,668.</td> <td align="right">1,008,668.</td> </tr> </tbody> </table>	358,410.	358,410.	358,410.	358,410.	0.	0.	0.	0.	1,874,611.	1,874,611.	1,874,611.	1,874,611.	0.	0.	0.	0.	607,596.	607,596.	607,596.	607,596.	2,840,617.	2,840,617.	2,840,617.	2,840,617.	1,008,668.	1,008,668.	1,008,668.	1,008,668.
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1,008,668.	1,008,668.	1,008,668.	1,008,668.																											
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,923,175. 21 Total liabilities (Part X, line 26) 631,652. 22 Net assets or fund balances. Subtract line 21 from line 20 1,291,523.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Beginning of Current Year</th> <th align="center" colspan="2">End of Year</th> </tr> </thead> <tbody> <tr> <td align="right">1,923,175.</td> <td align="right">2,842,007.</td> <td align="right">2,842,007.</td> <td align="right">2,842,007.</td> </tr> <tr> <td align="right">631,652.</td> <td align="right">541,201.</td> <td align="right">541,201.</td> <td align="right">541,201.</td> </tr> <tr> <td align="right">1,291,523.</td> <td align="right">2,300,806.</td> <td align="right">2,300,806.</td> <td align="right">2,300,806.</td> </tr> </tbody> </table>	Beginning of Current Year		End of Year		1,923,175.	2,842,007.	2,842,007.	2,842,007.	631,652.	541,201.	541,201.	541,201.	1,291,523.	2,300,806.	2,300,806.	2,300,806.												
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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 ROBERT TEREBA, EXECUTIVE DIRECTOR Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name LYNDA S. RICKOFF Preparer's signature LYNDA S. RICKOFF Date 11/02/17 Check <input type="checkbox"/> if self-employed PTIN P00612598 Firm's name ▶ RUSSELL & ASSOCIATES, LLC Firm's address ▶ 111 RIVERFRONT, SUITE 401 WINONA, MN 55987 Firm's EIN ▶ **-***9317 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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA SERVES THE POOR AND MARGINALIZED, ADVOCATES FOR SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF CHRIST.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 704,931. including grants of \$ 58,834.) (Revenue \$ 288,866.)
COUNSELING: CATHOLIC CHARITIES COUNSELING SERVICES HELPS PEOPLE FIND HOPE AND DIRECTION IN THEIR LIVES AND OVERCOME DIFFICULTIES THEY EXPERIENCE. WE ARE COMMITTED TO PROMOTING GROWTH AND CHANGE WITH A DEEP RESPECT FOR EACH INDIVIDUAL'S AND FAMILY'S LIFE EXPERIENCE. WE PROMOTE PHYSICAL, SOCIAL, EMOTIONAL, AND SPIRITUAL HEALTH AND WELL BEING TO ALL. WE BELIEVE THAT BY HELPING THOSE WHO COME TO US GAIN A MORE ACCURATE UNDERSTANDING OF THEMSELVES AND THE PEOPLE IN THEIR LIVES THEY WILL BE ABLE TO LEAD A MORE SATISFYING AND PRODUCTIVE LIFE. OUR COUNSELING STAFF ARE PROFESSIONALLY TRAINED AND LICENSED AT THE TOP LEVEL OF LICENSURE. COUNSELING SERVICES ARE PROVIDED AT ALL OF OUR SERVICE LOCATIONS. WE SERVE PEOPLE OF ALL AGES, ETHNIC/CULTURAL BACKGROUNDS, FAITH AND NON FAITH TRADITIONS, AND ECONOMIC BACKGROUNDS.
- 4b** (Code:) (Expenses \$ 643,345. including grants of \$ 261,288.) (Revenue \$ 1,610.)
REFUGEE RESETTLEMENT PROGRAM - CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM (CCRRP) HAS A RICH HISTORY OF SERVING PRIMARY REFUGEES IN OUR COMMUNITY SINCE 1975. THE REFUGEE RESETTLEMENT PROGRAM MEETS THE REGIONAL NEEDS OF THE REFUGEES DESIGNATED TO RESETTLE HERE, EITHER THROUGH FAMILY REUNIFICATION OR AS "FREE CASES" ASSIGNED TO OUR LOCAL COMMUNITY. NEW REFUGEES ARE AT THEIR MOST VULNERABLE AS THEY ENTER THE UNITED STATES. AS THE ONLY RESETTLEMENT AGENCY IN SOUTHEASTERN MINNESOTA, CCRRP SEEKS TO ADDRESS THE MOST FUNDAMENTAL NEEDS OF ALL NEW REFUGEES SUCH AS ACCESS TO SHELTER, FOOD, CLOTHING, INCOME, MEDICAL CARE, EDUCATION, AND EMPLOYMENT.
- OPERATING UNDER THE UMBRELLA OF UNITED STATES CONFERENCE OF CATHOLIC
- 4c** (Code:) (Expenses \$ 497,157. including grants of \$) (Revenue \$ 11,260.)
RSVP PROGRAM - COMMON GOOD RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IS A FEDERAL PROGRAM OF THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, SPONSORED BY CATHOLIC CHARITIES OF THE DIOCESE OF WINONA. THE PROGRAM OPERATES IN SIXTEEN COUNTIES IN SOUTH CENTRAL AND SOUTHEASTERN MINNESOTA, INCLUDING: BLUE EARTH, BROWN, DODGE, FILLMORE, GOODHUE, HOUSTON, LE SUEUR, MOWER, NICOLLET, OLMSTED, RICE, STEELE, WABASHA, WASECA, WATONWAN AND WINONA.
- WORKING AT THE GRASSROOTS LEVEL WITH NOT FOR PROFIT AGENCIES, COMMON GOOD RSVP ENGAGES ADULTS AGE 55 AND OVER TO VOLUNTEER THEIR LIFE EXPERIENCES AND SKILLS IN MEETING THE NEEDS OF THEIR NEIGHBORS IN THEIR LOCAL COMMUNITIES THROUGH VOLUNTEER SERVICE. THIS SERVICE IS COMPLETED
- 4d** Other program services (Describe in Schedule O.)
(Expenses \$ 494,676. including grants of \$ 38,287.) (Revenue \$ 111,330.)
- 4e** Total program service expenses **2,340,109.**

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Form 990 (2016)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>		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

Form **990** (2016)

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Form 990 (2016)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2016)

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Form 990 (2016)

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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	16	
1b	Enter the number of Forms W-2G included in 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?	X	
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	48	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

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

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

**CATHOLIC CHARITIES OF THE
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REVEREND JOHN QUINN PRESIDENT	0.70	X		X				0.	0.	0.
(2) JOANN FAGAN DIRECTOR	0.70	X						0.	0.	0.
(3) SCOT BERKLEY DIRECTOR	0.70	X						0.	0.	0.
(4) AARON SKOGEN TREASURER	0.70	X		X				0.	0.	0.
(5) KATHY LESNAR DIRECTOR	0.70	X						0.	0.	0.
(6) OLIVIA ORDAZ DIRECTOR	0.70	X						0.	0.	0.
(7) REVEREND GREGORY HAVEL DIRECTOR	0.70	X						0.	0.	0.
(8) DR SIDNA TULLEDGE-SCHEITEL CHAIR	0.70	X		X				0.	0.	0.
(9) JILL WAGNER DIRECTOR	0.70	X						0.	0.	0.
(10) DEACON PRESTON DOYLE DIRECTOR	0.70	X						0.	0.	0.
(11) MARY FRANCES LANE DIRECTOR	0.70	X						0.	0.	0.
(12) JIMMY BICKERSTAFF DIRECTOR	0.70	X						0.	0.	0.
(13) TERESA PEARSON DIRECTOR	0.70	X						0.	0.	0.
(14) REVEREND MONSIGNOR THOMAS MELVI VICE PRESIDENT	0.70	X		X				0.	0.	0.
(15) ROBERT TEREBA EXEC DIRECTOR/SECRETARY	40.00			X				94,561.	0.	13,033.
(16) MARY LIEBSCH CONTROLLER	40.00			X				57,362.	0.	10,706.

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

[illegible]

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

0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
---	--	---

0

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	131,868.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,352,399.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,878,724.				
	g Noncash contributions included in lines 1a-1f: \$		1,049.				
	h Total. Add lines 1a-1f			3,362,991.			
	Program Service Revenue	2 a COUNSELING FEES	Business Code	624100	237,879.	237,879.	
b COURT APPOINTED SERVIC			624100	111,020.	111,020.		
c ADOPTION FEES			624110	50,790.	50,790.		
d SENIOR SERVICES			624100	11,260.	11,260.		
e MISCELLANEOUS			624100	1,920.	1,920.		
f All other program service revenue							
g Total. Add lines 2a-2f				412,869.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			12,980.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal	1,750.				
	b Less: rental expenses		763.				
	c Rental income or (loss)		987.				
	d Net rental income or (loss)			987.			987.
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	127,762.				
	b Less: cost or other basis and sales expenses		68,501.				
	c Gain or (loss)		59,261.				
	d Net gain or (loss)			59,261.			59,261.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a BAD DEBTS RECOVERED	Business Code	624100	197.	197.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			197.			
	12 Total revenue. See instructions.			3,849,285.	413,066.	0.	73,228.

**CATHOLIC CHARITIES OF THE
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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
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	358,410.	358,410.		
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	177,548.	80,482.	85,066.	12,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,338,107.	1,130,554.	141,717.	65,836.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,779.	60,640.	8,179.	3,960.
9 Other employee benefits	168,194.	140,501.	19,518.	8,175.
10 Payroll taxes	117,983.	96,082.	15,521.	6,380.
11 Fees for services (non-employees):				
a Management				
b Legal	1,965.	580.	1,183.	202.
c Accounting	15,423.		15,423.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	52,828.	35,706.	16,249.	873.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	130,100.	115,789.	9,210.	5,101.
17 Travel	162,627.	154,910.	4,392.	3,325.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,783.	14,381.	2,980.	1,422.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,992.	9,032.	10,407.	553.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING & PUBLICATIONS</u>	48,946.	18,770.	2,012.	28,164.
b <u>SUPPLIES</u>	40,337.	33,365.	5,644.	1,328.
c <u>TELEPHONE</u>	38,500.	33,043.	2,809.	2,648.
d <u>MISCELLANEOUS</u>	24,363.	24,159.	202.	2.
e All other expenses	53,732.	33,705.	6,139.	13,888.
25 Total functional expenses. Add lines 1 through 24e	2,840,617.	2,340,109.	346,651.	153,857.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒ **X**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	40,739.	1	118,990.
	2 Savings and temporary cash investments	674,949.	2	542,527.
	3 Pledges and grants receivable, net	230,887.	3	1,125,111.
	4 Accounts receivable, net	48,251.	4	59,258.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,465.	9	57,764.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 719,396.		
	b Less: accumulated depreciation	10b 218,567.	10c	500,829.
	11 Investments - publicly traded securities	124,297.	11	94,185.
	12 Investments - other securities. See Part IV, line 11	374,081.	12	341,947.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,350.	15	1,396.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,923,175.	16	2,842,007.	
Liabilities	17 Accounts payable and accrued expenses	228,187.	17	229,482.
	18 Grants payable		18	
	19 Deferred revenue	2,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,617.	23	4,019.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	393,848.	25	307,700.
	26 Total liabilities. Add lines 17 through 25	631,652.	26	541,201.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	836,268.	27	1,628,679.
	28 Temporarily restricted net assets	453,755.	28	670,627.
	29 Permanently restricted net assets	1,500.	29	1,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,291,523.	33	2,300,806.
	34 Total liabilities and net assets/fund balances	1,923,175.	34	2,842,007.

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

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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	3,849,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,840,617.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,008,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,291,523.
5	Net unrealized gains (losses) on investments	5	-5,488.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,103.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,300,806.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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 in Schedule O and describe any steps taken to undergo such audits	3b	X

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Name of the organization **CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Employer identification number
****-***1636**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
DIOCESE WINONA	** - *** 4754	1		X	0.	0.
Total					0.	0.

CATHOLIC CHARITIES OF THE

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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"/>

Schedule A (Form 990 or 990-EZ) 2016

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Schedule A (Form 990 or 990-EZ) 2016

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		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? If "Yes," provide detail in Part VI.		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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))? If "Yes," provide detail in Part VI.		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		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)? If "Yes," answer 10b below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		X

Section D. All Type III Supporting Organizations

- 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

- 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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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.

FORM 990 SCHEDULE A PAGE 5 SECTION C LINE 1

THE BISHOP OF THE DIOCESE OF WINONA SERVES AS THE EX OFFICIO PRESIDENT
OF THE CORPORATION. THE BISHOP APPROVES ALL CONVEYANCES, ASSIGNMENTS
AND CONTRACTS MADE BY THE 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, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2016

Name of the organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Employer identification number

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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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Employer identification number

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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		\$ 266,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 28,859.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 45,983.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 59,189.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 44,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,850.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Employer identification number

-*1636

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		\$ 9,128.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 7,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 800,000.	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, INC.

Employer identification number

-*1636

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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 6,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 36,000.	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, INC.

Employer identification number

-*1636

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		\$ 56,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,654.	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.)

Name of organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Employer identification number

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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, INC.

Employer identification number

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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **\$**

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

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

Employer identification number
-*1636

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 (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c 3,614,319.
d Additions during the year	1d 3,657,403.
e Distributions during the year	1e 1,892,700.
f Ending balance	1f 5,379,022.

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 on Part XIII ☐

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

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

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

- a Board designated or quasi-endowment ☒ 99.50 %
 b Permanent endowment ☒ .50 %
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,688.		81,688.
b Buildings		495,108.	105,372.	389,736.
c Leasehold improvements		28,843.	13,410.	15,433.
d Equipment		113,757.	99,785.	13,972.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				500,829.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CUIT BALANCED FUND	341,947.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	341,947.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCE FROM USCCB	7,700.
(3) ACCRUED LOSS FROM LITIGATION	
(4) CLAIMS	300,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	307,700.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,912,508.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,488.
b	Donated services and use of facilities	2b	67,948.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	62,460.
3	Subtract line 2e from line 1	3	3,850,048.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-763.
c	Add lines 4a and 4b	4c	-763.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,849,285.

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

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

1	Total expenses and losses per audited financial statements	1	2,909,328.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	67,948.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	763.
e	Add lines 2a through 2d	2e	68,711.
3	Subtract line 2e from line 1	3	2,840,617.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,840,617.

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUE FOR 990 -763.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUE FOR 990 763.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Part I General Information on Grants and Assistance

Employer identification number

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) (2016)

**CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.**

Schedule I (Form 990) (2016)

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE REFUGEE RESETTLEMENT PROGRAM PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES. THIS ASSISTANCE INCLUDED HOUSING, BUS TRANSPORTATION, UTILITIES, CLOTHING, HOUSEHOLD ITEMS, AND BABY THE PREGNANCY, PARENTING, AND ADOPTION PROGRAMS PROVIDE DIRECT ASSISTANCE TO EXPECTING MOTHERS AND TO FAMILIES OF YOUNG CHILDREN. THIS INCLUDED HOUSING, EDUCATIONAL, AND UTILITY ASSISTANCE.	152	261,288.	0.		
THE MEDICATION APPLICATION SERVICE (MEDIAPPS) PROGRAM PROVIDED UNINSURED PERSONS WITH PRESCRIPTIONS, EYE GLASSES, MEDICAL DEVICES, AND MEDICAL SUPPLIES.	174	58,834.	0.		
	137	33,424.	0.		
THE PARISH SOCIAL MINISTRY PROGRAM PROVIDED ASSISTANCE WITH PRESCRIPTIONS, RENT, UTILITIES, AND FLOOD RECOVERY AID.	12	4,505.	0.		
GUARDIAN/CONSERVATOR PROVIDED MEALS AND BURIAL COST ASSISTANCE FOR CLIENTS.	8	359.	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

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Part IV Supplemental Information

PROVIDED DIRECT ASSISTANCE TO NEWLY ARRIVED REFUGEES. THIS ASSISTANCE INCLUDED HOUSING, BUS TRANSPORTATION, UTILITIES, CLOTHING, HOUSEHOLD ITEMS, AND BABY ITEMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF THE
DIOCESE OF WINONA, INC.

Employer identification number

-*1636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIAL JUSTICE, AND CALLS ALL PEOPLE TO THE MINISTRY OF CHRIST.

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

INSURANCE IS ACCEPTED AND MAY COVER THE COST OF THE COUNSELING
SERVICES. A SLIDING FEE SCALE BASED ON HOUSEHOLD INCOME AND FAMILY SIZE
IS AVAILABLE FOR INDIVIDUALS AND FAMILIES WHO DO NOT HAVE INSURANCE
COVERAGE. 26% OF OUR CLIENTS SELECTED CATHOLIC CHARITIES FOR
COUNSELING BECAUSE WE ARE FAITH BASED. NINETY-TWO PERCENT REPORTED AN
OVERALL SATISFACTION WITH THE COUNSELING SERVICES. DURING THIS
REPORTING CYCLE, 2,170 PEOPLE RECEIVED COUNSELING SERVICES.

COUNSELING CLIENTS COMPLETE A CLIENT SATISFACTION SURVEY SELF REPORT.

HERE ARE SOME QUOTES FROM OUR COUNSELING CLIENTS ABOUT THE COUNSELING
SERVICES:

"WHEN I CAME, I WAS IN A DIFFICULT PLACE IN LIFE. AFTER TALKING AND
SETTING GOALS AND STANDARDS FOR ME THINGS HAVE GOTTEN A LOT BETTER WITH
DAY TO DAY LIVING."

"MY COUNSELOR IS VERY KNOWLEDGEABLE AND HELPFUL. SHE HAS SHOWN ME MANY
WAYS I CAN COPE."

"COUNSELING HELPED STEER US IN THE RIGHT DIRECTION AND BRING US CLOSER
TOGETHER AS A COUPLE AND A FAMILY."

Name of the organization CATHOLIC CHARITIES OF THE
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"MY COUNSELOR HAS BEEN A GREAT HELP TO ME. I'M REALLY GRATEFUL FOR HER
CARE AND CONCERN."

"I LOVE TO VISIT HERE AND HAVE A CONVERSATION WITH MY COUNSELOR. THE
COUNSELING MAKES ME FEEL COMFORTABLE AND HELPS WITH SOLVING MY
PROBLEM."

"IT SAVED MY LIFE!!!"

PROJECT RACHEL : THE PROJECT RACHEL POST ABORTION COUNSELING MINISTRY
TAKES ITS NAME FROM JEREMIAH 31:15-17, "THUS SAYS THE LORD: IN RAMAH IS
HEARD THE SOUND OF MOANING, OF BITTER WEEPING! RACHEL MOURNS HER
CHILDREN; SHE REFUSES TO BE CONSOLED BECAUSE HER CHILDREN ARE NO MORE.
THUS SAYS THE LORD: CEASE YOUR CRIES OF MOURNING, WIPE AWAY THE TEARS
FROM YOUR EYES. THE SORROW YOU HAVE SHOWN SHALL HAVE ITS REWARD...THERE
IS HOPE FOR YOUR FUTURE."CATHOLIC CHARITIES HOLDS ALL LIFE AS SACRED.
WE ACKNOWLEDGE THAT WE LIVE IN A SOCIETY IN WHICH THE UNBORN ARE
UNPROTECTED AND THAT MANY LIVES ARE TOUCHED BY THE REALITY OF ABORTION.
IN ADDITION WE ALSO BELIEVE IN THE COMPASSION AND MERCY OF GOD WHO
FORGIVES. THROUGH PROJECT RACHEL, OUR POST ABORTION HEALING PROGRAM
SEEKS TO REACH OUT IN COMPASSION TO THE WOMAN, MAN, FAMILY MEMBERS, AND
FRIENDS SUFFERING FROM THE AFTERMATH OF ABORTION. FORGIVENESS AND PEACE
OF HEART IS OFFERED THROUGH COUNSELING AND REFERRAL FOR THE SACRAMENT
OF RECONCILIATION. WITH HELP, THOSE AFFECTED BY ABORTION CAN MOVE
FORWARD RENEWED AND RECONCILED WITH SELF, THE UNBORN CHILD, FAMILY,
COMMUNITY, AND WITH GOD. A 800 PHONE LINE IS DESIGNATED FOR PROJECT
RACHEL CALLS SO PEOPLE HURTING FROM THE AFTERMATH OF ABORTION CAN GET
24/7 INFORMATION ABOUT POST ABORTION HEALING AND RECONCILIATION.

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COUNSELING SERVICES ARE PROVIDED BY OUR LICENSED COUNSELORS AT ALL OF OUR LOCATIONS. INSURANCE AND SLIDING FEE IS AVAILABLE. REFERRALS ARE MADE FOR THE SACRAMENT OF RECONCILIATION. WE WORK CLOSELY WITH THE PRO-LIFE SECRETARIAT OFFICE OF THE USCCB (UNITES STATES CONFERENCE OF CATHOLIC BISHOPS). THE NUMBER SERVED IS INCLUDED IN THE COUNSELING NUMBER.

FORM 990 PART III LINE 4A

ADOPTION - CATHOLIC CHARITIES HAS BEEN CREATING FAMILIES IN THE DIOCESE OF WINONA FOR 74 YEARS. WE ARE A CHILD PLACING AGENCY LICENSED IN MINNESOTA. OUR LICENSED SOCIAL WORKERS PROVIDE DOMESTIC INFANT ADOPTION SERVICES, INTERNATIONAL ADOPTION SERVICES, AND DESIGNATED ADOPTION SERVICES. WE HAVE A SUPERVISED PROVIDER AGREEMENT WITH HOLT INTERNATIONAL OF EUGENE, OREGON TO COMPLETE ADOPTIVE STUDIES AND PROVIDE POST PLACEMENT SUPERVISION WITH MINNESOTA RESIDENTS LIVING IN OUR SERVICE AREA WHO WANT TO ADOPT INTERNATIONALLY. DESIGNATED ADOPTION SERVICES ARE PROVIDED TO ADOPTIVE APPLICANTS CHOOSING NOT TO BE A PART OF OUR DOMESTIC ADOPTION PROGRAM, BUT ARE IN NEED OF INDIVIDUAL SERVICES SUCH AS A STUDY OR POST PLACEMENT SERVICES. IN THE DOMESTIC ADOPTION PROGRAM OUR LICENSED SOCIAL WORKERS PAIR MARRIED COUPLES (MAN AND WOMAN) LOOKING TO ADOPT WITH BIRTHPARENTS LOOKING TO PLACE THEIR CHILD FOR ADOPTION. OUR SOCIAL WORK STAFF 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. IN ALL OF THESE

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EFFORTS, THE WELFARE OF THE CHILD IS OF PRIMARY CONCERN.

ADOPTION PROGRAM SERVICE FEES, PAID BY ADOPTING COUPLES, ARE DESIGNED TO COVER THE OPERATING EXPENSES OF THE PROGRAM. TO ELIMINATE COST AS A BARRIER TO ADOPTION, A PORTION OF THE ADOPTION FEES ARE ASSESSED ON A SLIDING SCALE BASED ON HOUSEHOLD INCOME WITH A MINIMUM AND MAXIMUM CAP. ANY DEFICITS ARE SUPPLEMENTED BY GENERAL CONTRIBUTIONS TO CATHOLIC CHARITIES. THE MAJORITY OF CHILDREN ARE PLACED DIRECTLY OUT OF THE HOSPITAL INTO THE ADOPTIVE HOME. THERE ARE A NUMBER OF DIFFERENT WAYS DOMESTIC INFANT ADOPTION HAPPENS. PREGNANT WOMEN MAY COME TO THE AGENCY LOOKING TO PLACE THEIR CHILD IN AN ADOPTIVE HOME, WHICH HAS ALWAYS BEEN A SERVICE OPTION, AND WE ARE READY TO ASSIST BOTH THE ADOPTIVE PARENTS AND BIRTHPARENT IN THAT PROCESS. ANOTHER WAY IN WHICH ADOPTIVE PARENTS AND BIRTHPARENTS ARE MAKING A CONNECTION IS THROUGH VARIOUS SOCIAL NETWORKING OPTIONS. FOR EXAMPLE, THEY MAY CONNECT ON OUR FACEBOOK PAGE OR GO TO OUR WEBSITE AND LOOK AT OUR "READY TO ADOPT" COUPLES AND THEN DECIDE TO COME TO THE AGENCY FOR ASSISTANCE WITH THE ADOPTION. WE ARE CONSTANTLY MAKING CHANGES IN TECHNOLOGY AND BALANCING ONLINE COMMUNICATION WITH THE MORE TRADITIONAL FACE TO FACE CONTACT. WE WANT TO ENSURE CONFIDENTIALITY FOR OUR CLIENTS AND AT THE SAME TIME UTILIZE ONLINE MEDIA AND RESOURCES TO SERVE ADOPTIVE FAMILIES AND BIRTHPARENTS. WE OFFER A "JOURNEY TO ADOPT" EDUCATIONAL SUPPORT GROUP FOR OUR FAMILIES WHO HAVE COMPLETED THE ADOPTION STUDY PROCESS AND ARE READY TO ADOPT. TO INCLUDE ALL OF OUR FAMILIES IN THE GROUP MEETINGS, WE SKYPE WITH PARTICIPANTS FROM ACROSS OUR SERVICE AREA. WE ARE PROACTIVE IN OUR EFFORTS TO MAKE SURE BOTH ADOPTIVE PARENTS AND BIRTHPARENTS HAVE A FULL COMPLEMENT OF SERVICES. DURING THIS REPORTING CYCLE, 85 PEOPLE RECEIVED ADOPTION SERVICES.

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

"WE SEND OUR DAUGHTER'S BIRTHPARENTS A LETTER AND PICTURE EVERY FEW
MONTHS, AND EACH NIGHT WE PRAY AND OFFER THANKSGIVING TO GOD FOR HER
BIRTHPARENTS BRINGING SO MUCH JOY TO OUR FAMILY. ADOPTING OUR DAUGHTER
HAS BEEN THE GREATEST BLESSING IN OUR LIVES."

"OUR SON WILL BE TURNING 3 IN JUST A MONTH AND THERE HAS NOT BEEN A DAY
THAT HAS WENT BY THAT WE HAVEN'T THANKED GOD FOR HIS PLAN FOR US. WE
WOULD NOT HAVE THIS AMAZING CHILD IF WE HAD NOT FOLLOWED HIS PLAN AND
WE ALSO CONTINUE TO PRAY FOR HIS BIRTH MOM EVERY SINGLE DAY HOPING SHE
IS OK AND THAT SOMEDAY WE CAN MEET AGAIN".

"WHAT YOU CAN DO FOR US THIS HOLIDAY SEASON IS TO SAY A QUICK PRAYER
FOR OUR SON'S BIRTHMOTHER WHO HELPED REMIND US WHAT CHRISTMAS IS ALL
ABOUT. HER UNSELFISH DECISION PROVIDED US WITH THE BEST CHRISTMAS
PRESENT EVER."

"PARENTHOOD IS MORE THAN WE EVER EVEN DREAMED. OUR CHILDREN BRING
ENDLESS JOY TO OUR DAYS, AND EACH AND EVERY DAY WE THANK GOD FOR THEIR
BIRTHPARENTS, WHICH CHOSE LIFE AND MADE OUR DREAM OF HAVING A FAMILY
COME TRUE. THIS SAYING IS ON OUR WALL IN OUR LIVING ROOM BECAUSE IT
DESCRIBES OUR ADOPTION EXPERIENCE PERFECTLY: "EVERYDAY HOLDS THE
POSSIBILITY OF A MIRACLE."OUR CHILDREN ARE AND WILL ALWAYS BE A
CONSTANT REMINDER OF THE BEAUTY OF ADOPTION."

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"ADOPTION HAS BEEN A BLESSED EVENT IN OUR LIVES. WE CAN'T IMAGINE
LOVING ANYONE AS MUCH AS OUR CHILD. HE HAS BEEN THE JOY OF OUR LIVES
AND HAS ALLOWED HIS PARENTS THE OPPORTUNITY OF HAVING A FAMILY. WE ARE
EXTREMELY GRATEFUL TO HIS BIRTHMOTHER FOR BRINGING HIM INTO OUR WORLD."

POST ADOPTION SERVICE - POST ADOPTION SERVICES ARE PROVIDED TO ADOPTED
ADULT INDIVIDUALS, BIRTHPARENTS, ADOPTIVE PARENTS OF MINOR CHILDREN,
AND SIBLINGS, WHO MAY CHOOSE TO ENGAGE IN A POST ADOPTION PROCESS WITH
THE AGENCY THAT IS THE CARETAKER OF THE PERMANENT ADOPTION RECORDS.
SINCE CATHOLIC CHARITIES HAS BEEN PLACING CHILDREN IN ADOPTIVE HOMES
FOR 74 YEARS WE HAVE MANY PERMANENT ADOPTION RECORDS AND HAVE AN
ARCHIVE LOCATION AT OUR WINONA OFFICE WHERE THEY ARE STORED. WE PROVIDE
A FULL COMPLEMENT OF POST ADOPTION SERVICES TO THOSE MAKING INQUIRIES.
THE PROCESS MAY INCLUDE A REQUEST FOR MEDICAL OR BACKGROUND INFORMATION
OR AN ACTUAL SEARCH FOR CONTACT. FEES ARE CHARGED. ASSISTANCE AND
COUNSELING IS OFFERED TO ALL WHO COME LOOKING FOR SERVICES. WHILE SOME
INDIVIDUALS HAVE A DESIRE TO SEARCH OTHERS MAY NOT HAVE ANY INTEREST.
THE REQUEST FOR SERVICE IS UNIQUE TO THE PERSON MAKING THE INQUIRY.
CATHOLIC CHARITIES ADHERES TO MINNESOTA STATUTES AND RULES REGARDING
POST ADOPTION SEARCH AND RECORDS. WE ARE COMMITTED TO PROVIDING
INFORMATION AND GUIDANCE IN THE POST ADOPTION JOURNEY. DURING THIS
REPORTING CYCLE, 170 PEOPLE RECEIVED POST ADOPTION SERVICES WHICH
INCLUDED INTERMEDIARY EXCHANGES BETWEEN BIRTHPARENTS AND ADOPTIVE
PARENTS.

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PREGNANCY, PARENTING, AND ADOPTION - CATHOLIC CHARITIES BELIEVES IN
CARING FOR THE GIFT OF LIFE AND PROVIDES POSITIVE ALTERNATIVES TO

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ABORTION. WE HAVE BEEN PROVIDING SERVICES TO PREGNANT AND PARENTING WOMEN FOR 74 YEARS. SUPPORT AND ASSISTANCE IS PROVIDED AT NO COST TO HELP WOMEN, MEN, AND THEIR FAMILIES TO CHOOSE LIFE FOR THEIR EXPECTED BABY AND TO CARE FOR THEIR BABIES AFTER BIRTH. ALL OF THE SERVICES ARE PROVIDED IN THE CONTEXT OF CATHOLIC SOCIAL TEACHING AND SUPPORT THE SANCTITY OF HUMAN LIFE FROM THE MOMENT OF CONCEPTION TO THE MOMENT OF NATURAL DEATH. A PREGNANCY INFORMATION LINE IS STAFFED BY AGENCY SOCIAL WORKERS 24 HOURS A DAY, 365 DAYS A YEAR. OFTEN A PERSON MAY THINK THEY ONLY HAVE ONE ALTERNATIVE -ABORTION- BUT WHEN THEY CALL OUR PREGNANCY INFORMATION LINE THEY LEARN ABOUT VIABLE ALTERNATIVES TO ABORTION. THEY LEARN THEY ARE NOT ALONE AND THAT WE WILL HELP THEM EVERY STEP OF THE WAY. OUR SOCIAL WORK STAFF HAS AN IN-PERSON CONTACT WITH THE CALLER WITHIN 48 HOURS OF THE CALL AND WE GO OUT TO THOSE IN NEED OF SERVICE TO TAKE AWAY BARRIERS TO SERVICE. WE ARE RESPONSIVE AND ACCESSIBLE AND ADVOCATE FOR ALL WHO NEED SUPPORT. PERSONS FACED WITH AN UNPLANNED PREGNANCY RECEIVE THE SUPPORT NEEDED TO SELF DETERMINE WHAT WILL BE THE BEST PLAN FOR THEIR BABY. IF THE BIRTHPARENT CHOOSES TO MAKE AN ADOPTION PLAN FOR THEIR CHILD, CATHOLIC CHARITIES OFFERS ADOPTIVE FAMILIES WHO HAVE AN APPROVED ADOPTION STUDY AND ARE READY TO ACCEPT A CHILD INTO THEIR HOME. IF THE BIRTHPARENT CHOOSES TO PARENT THEIR CHILD, CATHOLIC CHARITIES WILL PROVIDE SUPPORT AND HELP TO MAKE A PARENTING PLAN. OUR INITIATIVES INCLUDE IMPROVING FAMILY STABILITY AND SELF SUFFICIENCY THROUGH THE PROVISION OF EDUCATION. FINANCIAL LITERACY EDUCATION, SAFE SLEEP EDUCATION AND SHAKEN BABY PREVENTION EDUCATION IS PROVIDED TO ALL CLIENTS WHO ARE MAKING A PARENTING PLAN FOR THEIR CHILD. A NURTURING HEALTHY FAMILIES PROGRAM SERVICE IS OFFERED MONTHLY TO PROMOTE POSITIVE PARENTING.

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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, 1,136 PEOPLE RECEIVED PREGNANCY, PARENTING AND ADOPTION SERVICES.

HERE ARE QUOTES FROM BIRTHPARENTS THAT MADE AN ADOPTION PLAN FOR THEIR CHILD:

"I HAVE CHOSEN TO SHARE MY EXPERIENCE ABOUT ADOPTION AND MY LIFE AND WHAT CATHOLIC CHARITIES HAS DONE FOR ME. IT WAS HARD TO GIVE UP OUR LITTLE GIRL THAT WE LOVED SO MUCH, BUT SHE IS IN BETTER HANDS. CATHOLIC CHARITIES HAS ALWAYS BEEN GOOD AND TRUSTING TO US."

"I WAS VERY YOUNG BEING PREGNANT WITH MY SECOND CHILD AND WAS STRUGGLING BEING A FULL TIME SINGLE MOTHER IN COLLEGE WITH LIMITED INCOME. SOMETIMES IT WAS VERY DIFFICULT MAKING ENDS MEET. I DID NOT WANT TO BRING A BABY INTO THE WORLD AND STRUGGLE TO RAISE IT. I FOUND CATHOLIC CHARITIES AND THEY WELCOMED ME WITH OPEN ARMS. I FOUND A WONDERFUL COUPLE THAT COULD NOT HAVE CHILDREN. I FELT SO COMFORTABLE AND SECURE WITH THEM AND KNEW THEY WOULD TAKE WONDERFUL CARE OF MY BABY. THEY WERE WITH ME DURING LABOR WHICH WAS VERY COMFORTING. I DO HAVE REGRETS, BUT KNOWING MY BABY IS WITH A WONDERFUL FAMILY MAKES ME

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FEEL BETTER, BUT IT STILL HURTS FROM TIME TO TIME."

"CATHOLIC CHARITIES PROVIDED ME WITH A PLACE TO COME AND TALK ABOUT MY
FEELINGS AND THOUGHTS. THEY HELPED ME WITH EVERY ASPECT OF MY PREGNANCY
AND ADOPTION."

"THE ADOPTION EXPERIENCE CHANGED MY LIFE BY TEACHING ME THAT I NEED TO
LEARN TO RELY ON OTHERS MORE. I HAVE REALIZED THAT IT IS OK TO NEED
HELP AND SUPPORT, EVEN A SHOULDER TO CRY ON. MY PLANS FOR THE FUTURE
INVOLVE GRADUATING FROM COLLEGE AND GOING TO GRADUATE SCHOOL."

"I JUST WANTED TO THANK YOU FOR GIVING ME THE OPPORTUNITY TO HELP OUT
WITH YOUR ADOPTION PROGRAM. I CANNOT EXPLAIN WHAT WORKING WITH YOU HAS
DONE FOR MY HEALING PROCESS. SHARING MY STORY HAS LET ME FEEL PROUD FOR
WHAT I'VE DONE INSTEAD OF HIDING IT (WHICH IS WHAT I DID FOR SO LONG)."

ONWARD AND UPWARD - THE ONWARD AND UPWARD PROGRAM BEGAN AS A PILOT
PROGRAM IN THE FALL OF 2016 AND SERVED 16 INDIVIDUALS. THIS PROGRAM
HELPS LOW INCOME SINGLE PARENTS AND EXPECTING SINGLE PARENTS COMPLETE
THEIR EDUCATION IN THE NURSING FIELD FROM ROCHESTER COMMUNITY AND
TECHNICAL COLLEGE (RCTC). BEYOND THE EDUCATIONAL ACHIEVEMENTS, ONWARD
AND UPWARD HELPS PARTICIPANTS SECURE EMPLOYMENT AND BEGIN EARNING, FOR
THE FIRST TIME EVER, A LIVABLE WAGE. THIS WILL PROPEL THESE YOUNG
FAMILIES TO BREAK THE CYCLE OF POVERTY BY FOSTERING FINANCIAL STABILITY
AND SELF-SUFFICIENCY.

ONWARD AND UPWARD REPRESENTS A HIGH COMMITMENT/HIGH REWARD APPROACH TO
HELPING YOUNG FAMILIES ESCAPE POVERTY FOR THE LONG RUN. BECAUSE OF

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THIS, APPLICANTS ACCEPTED INTO THE PROGRAM ARE CAREFULLY ASSESSED
ACROSS FIFTEEN CATEGORIES COVERING EVERYTHING FROM HOUSING TO
TRANSPORTATION TO CHILD CARE. THIS ASSESSMENT CAREFULLY CONSIDERS THE
NEEDS OF BOTH THE PARENT AND THE CHILDREN. RECENT RESEARCH INDICATES
THAT A TWO GENERATION APPROACH GREATLY ENHANCES THE PROBABILITY OF
ACHIEVING POSITIVE OUTCOMES. IN THE PROCESS OF CONDUCTING THIS
ASSESSMENT OUR LICENSED SOCIAL WORKERS BEGIN FORMING A THERAPEUTIC
RELATIONSHIP WITH POTENTIAL PARTICIPANTS WHERE THEY WILL ASSESS THEIR
PERSONALITIES, THEIR MOTIVATIONS, AND THEIR PROSPECTS FOR SUCCESS.

OUR LICENSED SOCIAL WORKERS ARE THE MENTORS, THE CHEERLEADERS, THE "BIG
SISTERS" ON THE JOURNEY WITH THESE STUDENTS. OUR LICENSED SOCIAL
WORKERS MEET WITH THEIR CLIENTS ON A BI-WEEKLY BASIS. AT THESE REGULAR
MEETINGS OUR STAFF MONITOR PROGRESS, IDENTIFY POTENTIAL ISSUES AND
OPPORTUNITIES, SOLVE PROBLEMS, PROVIDE LIFE SKILLS TRAINING, MAKE
REFERRALS, AND ADDRESS UNEXPECTED NON-ACADEMIC FINANCIAL CHALLENGES BY
TAPPING INTO THE RESOURCE POOL DESIGNATED FOR SUCH PURPOSES. ALL OF
THIS REQUIRES GREAT COMMUNICATION FLOWING FROM AN HONEST AND CARING
THERAPEUTIC RELATIONSHIP.

IN ADDITION TO BENEFITTING FROM THESE TRADITIONAL SOCIAL WORK SERVICES,
EVERY PARTICIPANT RECEIVES TRAINING THROUGH OUR FINANCIAL LITERACY
PROGRAM. TOPICS INCLUDE THE DIFFERENCE BETWEEN NEEDS AND WANTS,
ESTABLISHING SAVINGS, SETTING LONG-TERM FINANCIAL GOALS, ASSET
BUILDING, AND VARIOUS BUDGETING TECHNIQUES. THE PROGRAM PROVIDES EARLY
PREVENTION, AS WELL AS A METHOD OF INTERVENTION, AS IT ADDRESSES COMMON
FINANCIAL PLANNING MISTAKES AND TEACHES THE USE OF MONEY FOR
EMPOWERMENT AND THE ATTAINMENT OF LIFE GOALS. THE OVERALL GOAL IS TO

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GAIN FINANCIAL LITERACY SKILLS AND APPLY THOSE SKILLS TO CREATE
FINANCIAL STABILITY FOR THEMSELVES AND THEIR FAMILIES.

ONCE THE PARTICIPANT'S EDUCATION GOAL IS MET, THE WORK IS NOT YET
COMPLETE. WE WILL CONTINUE TO PROVIDE SUPPORT, GUIDANCE, AND FINANCIAL
ASSISTANCE AS NEEDED FOR APPROXIMATELY SIX MORE MONTHS.

DURING THIS CRITICAL PHASE THE PARTICIPANT WILL FIND AND SECURE
SUITABLE EMPLOYMENT AND BEGIN THE TRANSITION FROM RELYING ON GOVERNMENT
SUPPORT TO SELF-SUFFICIENCY. WE WILL PROVIDE INTERVIEWING AND RESUME
WRITING SKILLS, COACHING ON APPROPRIATE WORK PLACE BEHAVIORS, AND
MENTORING.

THE OVERRIDING GOAL OF ONWARD AND UPWARD IS TO HELP PREGNANT AND
PARENTING WOMEN COMPLETE THEIR EDUCATION AND ACHIEVE FAMILY FINANCIAL
STABILITY AND SELF SUFFICIENCY. WE USE THE FOLLOWING OUTCOME
BENCHMARKS TO KNOW OUR CLIENTS ARE ON THE ROAD TO SUSTAINABLE SUCCESS:

1. EMPLOYMENT AT A JOB THAT PAYS A LIVABLE WAGE
2. ASSUMING AN APPROPRIATE LEVEL OF DEBT
3. BUILDING SAVINGS EQUAL TO THREE MONTH'S WORTH OF LIVING EXPENSES
4. EXITING GOVERNMENT ASSISTANCE PROGRAMS

SOME QUOTES FROM CURRENT ONWARD AND UPWARD PARTICIPANTS:

"I WOULD JUST LIKE TO SAY THANK YOU FROM THE BOTTOM OF MY HEART FOR
EVERYTHING ALL OF YOU HAVE DONE FOR MY CHILDREN AND MYSELF. YOUR
GENEROSITY HAS ALLOWED ME TO WORRY LESS ABOUT IF I CAN PAY MY BILLS
EVERY MONTH AND FOCUS MORE ON MY CHILDREN AND MY SCHOOLING. LAST
SEMESTER I GOT A 4.0 GPA IN MY FIRST SEMESTER OF NURSING AND THAT IS

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PARTLY IN THANKS TO ALL OF YOU."

"MY KIDS ARE MY MOTIVATION EACH AND EVERY DAY, I DON'T WANT THEM TO HAVE THE SAME TYPE OF UPBRINGING THAT I HAD. I WANT THEM TO SEE THEIR OWN POTENTIAL AND EXCEL IN ANYTHING THAT THEY FEEL PASSIONATE ABOUT. ALSO, I WANT TO SHOW THEM THAT DEDICATION AND HARD WORK IN SCHOOL WILL PAY OFF. SO, LEADING BY EXAMPLE IS THE BEST TEACHER AND MOTIVATION FOR ME."

FORM 990 PART III LINE 4A

MOTHER CHILD ASSISTANCE FUND - WE KNOW LIFE IS A GIFT FROM GOD AND WE ALSO KNOW THAT THIS GIFT CAN COME WHEN LIFE IS FULL OF CHALLENGES. 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, MEDICAL EXPENSES, AND CHILD CARE, OR OTHER NECESSITIES. EACH OCTOBER, WHICH IS RESPECT LIFE MONTH, A BABY BOTTLE CAMPAIGN IS HELD TO SUPPORT THE FUND. WITH JUST A SIMPLE BABY BOTTLE TO COLLECT COINS WITHIN THE HOMES OF CATHOLICS ACROSS OUR DIOCESE, \$54,500 WAS RAISED. DURING THIS REPORTING CYCLE 170 WOMEN RECEIVED FINANCIAL ASSISTANCE. THE TYPICAL AMOUNT OF ASSISTANCE PROVIDED RANGED FROM \$350 - \$400. THIS HAS BEEN A WONDERFUL COLLABORATION BETWEEN CATHOLIC CHARITIES AND THE DIOCESE OF WINONA. THE MOTHER AND CHILD ASSISTANCE FUND COMPLETED ITS 10TH YEAR DURING THIS REPORTING CYCLE.

QUOTES FROM RECIPIENTS OF THE FUND:

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"THE MOTHER AND CHILD FUND IS HELPING ME WITH PAYING MY RENT. I AM VERY GRATEFUL THAT THIS PROGRAM CAN HELP ME AND MY FAMILY THROUGH MY UNPAID MATERNITY LEAVE."

"I WILL FEEL SO MUCH LESS STRESSED OUT AND JUST WHOLLY MORE PREPARED AND READY FOR THIS BABY BOY. I WOULD FEEL SO BLESSED. THIS HAS BEEN A VERY STRESSFUL AND DIFFICULT PREGNANCY WITH MY BREAK UP AND MY MEDICAL SITUATION. ALSO THIS IS A BABY THAT IS SO WANTED SINCE MY LAST DAUGHTER HAD A HEART DEFECT AND PASSED AWAY 2 YEARS AGO."

"I AM LOOKING TO RELOCATE TO A SAFE PLACE OF MY OWN FOR MY DAUGHTERS AND MYSELF. THIS GRANT WILL GIVE ME THE HELP I NEED TO LEAVE THE SHELTER & ALLOW ME TO GET MY FEET ON THE GROUND, BEFORE I AM ABLE TO START A BETTER PAYING JOB. THIS GRANT WILL GIVE US A PLACE TO CALL HOME."

"I AM CURRENTLY PREGNANT WITH MY 2ND CHILD AND THE FATHER OF MY CHILD HAS NOT HELPED US AT ALL WITH OUR FINANCIAL DIFFICULTIES. THIS CHARITY IS MY LAST HOPE TO KEEP US IN OUR HOME. RAISING 2 CHILDREN BY ME IS TOUGH ENOUGH BUT THIS ASSISTANCE WILL HELP OUT SO MUCH."

"THE MOTHER CHILD ASSISTANCE FUND WILL HELP ME STAY RESPONSIBLE AND HELP ME IN MY TIME OF NEED WITH RENT. I ALWAYS PAID MY BILLS ON TIME BUT THIS MONTH I AM GOING TO HAVE A BABY. THIS WOULD HELP ME STAY ON THE STRAIGHT AND NARROW."

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

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BISHOPS/ MIGRATION AND REFUGEE SERVICES (USCCB/MRS) IN COLLABORATION WITH DEPARTMENT OF STATE/BUREAU OF POPULATION, REFUGEES, AND MIGRATION (DOS/PRM), CCRRP CARRIES OUT REFUGEE SERVICES TO ADDRESS NEEDS BY PROVIDING DIRECT CASE MANAGEMENT AND NETWORKING WITH THE INTENTION OF BUILDING FINANCIAL INDEPENDENCE. FINANCIAL SELF-SUFFICIENCY IS ACHIEVED THROUGH ACQUIRING SAFE AND STABLE HOUSING, ASSET BUILDING, FINANCIAL LITERACY TRAINING, AND BASIC EMPLOYMENT SOFT SKILLS TRAINING WHICH ASSISTS REFUGEES IN GAINING THE ABILITY TO SECURE EMPLOYMENT, A MORE SUSTAINABLE AND SIGNIFICANT SOURCE OF FINANCIAL INDEPENDENCE. WE ALSO PROVIDE CULTURAL, TRANSPORTATION, SHOPPING AND BUDGETING ORIENTATIONS.

WE WELCOMED 131 INDIVIDUALS IN FISCAL YEAR 2017, REPRESENTING 51 SEPARATE CASES. REFUGEE INDIVIDUALS AND FAMILIES WE CARED FOR CAME FROM ETHIOPIA, IRAQ, SOMALIA, BURMA (MYANMAR), AND SYRIA. WE SAW CASES CONSISTING OF ONE INDIVIDUAL TO CASES COMPRISED OF 2-6 INDIVIDUALS.

AS A PROGRAM, OUR GREATEST STRENGTH IS OUR INTENSIVE CLIENT-CENTERED CASE MANAGEMENT. GOALS ESTABLISHED FOR REFUGEES ARE INTENDED TO: ADDRESS IMMEDIATE SOCIAL/EDUCATIONAL NEEDS, ATTAIN A STABLE ENVIRONMENT, DEVELOP SKILLS FOR EMPLOYMENT, UNDERSTAND BASIC FINANCIAL PRINCIPLES, AND PROMOTE SEAMLESS INTEGRATION. THE PROCESS WE UTILIZE ENTAILS AN INTAKE AND ASSESSMENT, GOAL DEVELOPMENT, INTERVENTION, REFERRALS, MONITORING AND REASSESSING THROUGHOUT THE SERVICE PERIOD AND TRANSITIONING SERVICES SEAMLESSLY TO OTHER SERVICE PROVIDERS AT THE END OF THE 90 DAY RESETTLEMENT PERIOD. THE GOAL OF RESETTLEMENT IS EMPOWERING INDIVIDUALS WITH THE KNOWLEDGE AND SKILLS THAT WILL ASSIST THEM ON THE ROAD TO SELF-SUFFICIENCY. REFUGEES WANT WHAT MANY

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AMERICANS WANT: TO FEEL A PART OF THEIR COMMUNITY, GAIN EMPLOYMENT, AND
ULTIMATELY FIND A PLACE TO CALL "HOME."

MAHMOUD HAS SEEN HIS COUNTRY OF SYRIA ONCE A PEACEFUL AND BEAUTIFUL
COUNTRY TURN INTO A WAR ZONE, WITH UNIMAGINABLE NUMBERS OF CIVILIANS
KILLED. HE KNEW THAT ONCE THE BOMBINGS CAME THERE WAS NO LIFE LEFT FOR
HIS WIFE AND YOUNG CHILD THERE. THEY FLED, ESCAPING TO TURKEY BUT THEY
WERE NOT WANTED THERE, SEEN ONLY AS A BURDEN ALONG WITH THE OTHER
MILLIONS OF REFUGEES WITHOUT A HOME. HE APPLIED FOR REFUGEE STATUS AND
WAITED FOR MANY YEARS FOR WORD. WITH A NOTICE OF DEPORTATION FROM
TURKEY IN HAND (AS REFUGEES DO NOT HAVE ANY LEGAL STANDING IN THE
COUNTRIES THEY FLEE TO), THE NEWS THAT HE AND HIS SMALL FAMILY WOULD
TRAVEL TO THE UNITED STATES TO REUNITE WITH HIS PARENTS AND BROTHERS
CAME JUST IN TIME. THE HARDSHIPS DON'T END WHEN YOU ARRIVE INTO THE US,
BUT MAHMOUD'S POSITIVE ATTITUDE AND WILLINGNESS TO PUSH HIMSELF TO GO
OUT AND LEARN ALL THAT HE COULD HAS LED HIM TO A NEW BEGINNING. WITH
THE ASSISTANCE OF THE MATCH GRANT EMPLOYMENT PROGRAM AND HIS OWN
MOTIVATION, HE NOW WORKS AND IS HELPING HIS WIFE LOOK FOR EMPLOYMENT.
HE IS PROFICIENT AT THE BUS AND IS QUICK TO HELP OTHERS LEARN AS WELL.

OPAP AND HIS WIFE, ETHIOPIAN REFUGEES, LIVED IN A KENYAN REFUGEE CAMP
ALMOST THEIR ENTIRE LIVES, AND STARTED TO RAISE THEIR 2 YOUNG CHILDREN
THERE AS WELL, BUT NEVER GAVE UP HOPE THAT ONE DAY THEY WOULD BE WITH
FAMILY IN THE UNITED STATES AND HAVE A REAL HOME. AFTER YEARS OF
WAITING THEY REUNITED WITH FAMILY THIS YEAR, AND TO THEIR GREAT JOY AND
SURPRISE CLOSE FRIENDS FROM THEIR MANY YEARS IN KENYA AS WELL. OPAP
AND HIS FAMILY ARE A PERFECT EXAMPLE OF HOW GOOD CASE MANAGEMENT AND
SUPPORTIVE VOLUNTEERS CAN MAKE ALL THE DIFFERENCE. ONLY MONTHS AFTER

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ARRIVAL OPAP AND HIS WIFE ARE NOW WORKING FULL TIME JOBS, THEIR CHILDREN ARE IN SCHOOL, AND THEY SEE ONLY THE POSSIBILITIES THAT EXIST WITH LIFE IN THEIR NEW HOME. THEY ALSO TAKE TIME OUT OF THEIR BUSY LIVES TO HELP NEWLY ARRIVED REFUGEES LEARN THEIR WAY AND SEE THEIR FUTURE IN THIS NEW PLACE THEY CALL HOME.

CATHOLIC CHARITIES REFUGEE RESETTLEMENT CONTINUES TO FACILITATE THE MATCH GRANT EMPLOYMENT PROGRAM, WHICH ASSISTS REFUGEES THAT ARRIVE WITH WORK HISTORY AND SOME FLUENCY IN FINDING EMPLOYMENT WITHIN 180 DAYS AFTER THEIR ARRIVAL. MATCH GRANT SERVICES INCLUDE RESUME BUILDING, EMPLOYMENT SOFT SKILLS TRAINING, INTERVIEWING SKILLS TRAINING, JOB SEARCH ASSISTANCE, AND POST-EMPLOYMENT ADVOCACY AND MEDIATION. WE SERVED 40 INDIVIDUALS IN THE MATCH GRANT PROGRAM THIS YEAR. CCRRP ALSO FACILITATES THE REFUGEE CASH ASSISTANCE (RCA) PROGRAM. RCA IS AN EIGHT MONTH GOVERNMENT FUNDED CASH ASSISTANCE PROGRAM FOR REFUGEES THAT ARRIVE AS SINGLES OR MARRIED COUPLES WITHOUT CHILDREN.

IN FISCAL YEAR 2017, WE SAW A SUBSTANTIAL INCREASE IN VOLUNTEERISM FROM OUR LOCAL COMMUNITY MEMBERS. SEVERAL GROUPS FROM VARIOUS FAITH TRADITIONS PARTICIPATED IN VOLUNTEERING AS THROUGH OUR REFORMATTED FAMILY MENTORS PROGRAM, OR COLLECTED IMPORTANT HOUSEHOLD ITEMS (BEDS/TABLES/CHAIRS, NEW PILLOWS, ETC) AND CREATED CHILDREN'S WELCOME BASKETS, HYGIENE BAGS, CLEANING SUPPLY KITS, AND SURVIVAL KITS. THESE KITS/BASKETS CONTINUE TO BE A WONDERFUL WAY FOR INDIVIDUALS AND GROUPS THAT WANT TO SUPPORT REFUGEES IN OUR COMMUNITY, TO ASSIST THEM IN GAINING THE BASIC ITEMS NEEDED AS THEY ESTABLISH THEMSELVES IN THE COMMUNITY. EACH FAMILY, DEPENDING ON THE SIZE, RECEIVES AN ESTIMATED \$1,000-\$2000 DOLLARS IN DONATED ITEMS, COMPLETELY FROM THE GENEROSITY

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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.

THIS YEAR WE WORKED TO PROMOTE COMPASSION WITH OUR "LOCKS OF
COMPASSION" PROJECT TO SUPPORT THE REFUGEE RESETTLEMENT PROGRAM AND ALL
THE WORK WE DO TO SUPPORT REFUGEES. THE "LOCKS OF COMPASSION" PROJECT
RE-CREATED LOCKS OF LOVE BUT WITH SYMBOLIC EXPRESSIONS OF UNITY ON
DECORATED LOCKS IN OUR COMMUNITY TO REPRESENT OUR COMMUNITY EMBRACING A
SPIRIT OF COMPASSION. LOCKS DECORATED WITH SIGNS, SYMBOLS, AND WORDS
EXPRESSING COMPASSION WERE PROMINENTLY DISPLAYED ON THE "LOCKS OF
COMPASSION" COMMUNITY DISPLAY IN OUR DOWNTOWN PEACE PLAZA.

WE CONTINUE TO RECOGNIZE REFUGEES' GAINING FINANCIAL LITERACY SKILLS AS
ONE OF THE MOST IMPORTANT COMPONENTS TO HELPING REFUGEES MOVE TOWARDS
FINANCIAL STABILITY AND INDEPENDENCE. WE PROVIDE EACH REFUGEE THAT
ARRIVES THROUGH OUR PROGRAM WITH TWO CLASSES ON FINANCIAL LITERACY THAT
COVER TOPICS SUCH AS THE DIFFERENCE BETWEEN NEEDS AND WANTS,
ESTABLISHING SAVINGS, SETTING LONG-TERM FINANCIAL GOALS, ASSET
BUILDING, AND VARIOUS BUDGETING TECHNIQUES. CLASSES ARE PROVIDED IN
VARIOUS LANGUAGES AND INTERPRETATION ASSISTANCE IS ALSO PROVIDED.

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

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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. IN FISCAL YEAR 2017, WE PROVIDED FINANCIAL LITERACY WORKSHOPS TO 315 INDIVIDUALS, REPRESENTING ALL WALKS OF LIFE.

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.

MOHAMMED AND HIS WIFE ATTENDED A FINANCIAL LITERACY CLASS THIS YEAR AND STATED THAT THEY WERE THERE TO LEARN MORE ABOUT MONEY SO THEY COULD BUY A HOUSE. BOTH HAD COME TO THE UNITED STATES FROM SOMALIA 5 YEARS AGO WITH THEIR SIX CHILDREN TO "BE SAFE AND BE ABLE TO GIVE THEIR CHILDREN A BETTER LIFE AND EDUCATION". THEY WERE FORTUNATE TO COME THROUGH THE REFUGEE RESETTLEMENT PROGRAM AND FIND HOUSING AND EMPLOYMENT. ALL OF THEIR CHILDREN WERE ENROLLED IN THE PUBLIC SCHOOLS AND BOTH PARENTS ATTENDED HAWTHORNE EDUCATION CENTER TO LEARN ENGLISH AND BUILD ON THEIR OWN EDUCATION. THEY WERE REFERRED TO OUR CLASS BY HABITAT FOR HUMANITY AND BOTH COMPLETED THE FINANCIAL LITERACY PROGRAM. AFTER ATTENDING THE CLASS, THEY COMMENTED THAT THEY WERE NOW MORE CONFIDENT IN

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UNDERSTANDING CREDIT, INTEREST RATES AND BANKING SYSTEMS. THEY STATED
THAT THE CLASS WAS OPEN TO THEIR QUESTIONS AND THEY FELT THAT THEY
LEARNED MORE ABOUT HOW MONEY ACTUALLY WORKS.

BEING A HOME OWNER IS AN IMPORTANT GOAL IN THEIR FINANCIAL JOURNEY BUT
KNOWING HOW MONEY WORKS IN REGARDS TO EXPENSES AND INCOME AND
ESPECIALLY BUDGETING FOR A LARGE GOAL SUCH AS HOUSING WAS A STRONG
MOTIVATOR FOR THEM. WE ARE HAPPY TO REPORT THAT THEY HAVE CONTINUED
THEIR FINANCIAL EDUCATION THROUGH OUR PROGRAM AND THE THREE RIVERS HOME
OWNERSHIP PROGRAM AND ARE ON THE PATH TO BUILDING THEIR OWN HOME
THROUGH HABITAT. THE FINANCIAL LITERACY CLASS IS A STEPPING STONE FOR
MANY PEOPLE IN OUR COMMUNITY TO CONNECT WITH MONEY AND THEIR FINANCES
IN A PRO-ACTIVE AND POSITIVE APPROACH, LEARNING BASICS AND BUILDING ON
THEIR FINANCIAL SKILLS THAT WILL HELP THEM MAKE BETTER MONEY DECISIONS
FOR THEIR FUTURE. MOHAMMED AND HIS WIFE WERE A GREAT EXAMPLE.

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, A FREE POCKET CALCULATOR 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

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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.

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:
THROUGH A NETWORK OF NOT FOR PROFIT AGENCIES SUCH AS HUMAN SERVICE ORGANIZATIONS, SENIOR CENTERS, NON-PROFIT TRANSPORTATION PROVIDERS, AREA AGENCIES ON AGING, SCHOOLS AND FOOD BANKS. RSVP VOLUNTEERS PROVIDE CRITICAL SERVICES, INCLUDING: FOOD DELIVERY, TRANSPORTATION, COMPANIONSHIP, FOOD PANTRY SUPPORT, HEALTH AND WELLNESS PROGRAMS, TUTORING IN ELEMENTARY SCHOOLS AND HOME REPAIR/BUILDING.

SIGNIFICANT INCREASES IN LIFE EXPECTANCY AND A DRAMATIC INCREASE IN THE NUMBER OF PEOPLE OVER THE AGE OF 65 ARE SETTING THE STAGE FOR LONG TERM CARE CHALLENGES IN THE 21ST CENTURY BOTH NATIONALLY AND IN MINNESOTA.

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THE MINNESOTA DEPARTMENT OF HEALTH PROJECTS THE NUMBER TO DOUBLE IN THE YEARS FROM 2000 - 2030, WITH A 40% GROWTH IN THE NEXT 10 YEARS. THE NUMBER OF INDIVIDUALS AGE 85 AND OVER WILL NEARLY TRIPLE FROM 90,000 TO 250,000 IN THE YEARS 2000 TO 2050. ACCORDING TO THE MINNESOTA STATE DEMOGRAPHIC CENTER AND U.S. CENSUS BUREAU, THERE WERE 118,429 INDIVIDUALS AGE 65 AND OVER RESIDING IN SOUTHERN MINNESOTA, WHICH INCLUDES THE 16 COUNTIES SERVED BY OUR RSVP PROJECT IN 2014. THE MINNESOTA PUBLIC HEALTH ASSOCIATION ESTIMATES THAT AT AGE 65 AN INDIVIDUAL HAS A 60 PERCENT CHANCE OF NEEDING LONG-TERM CARE IN FUTURE YEARS. DESPITE THESE NUMBERS, A POLL COMMISSIONED BY THE LONG TERM CARE IMPERATIVE, 74 PERCENT OF MINNESOTANS HAVE NO-LONG TERM CARE INSURANCE, AND MORE THAN 50 PERCENT HAVE NO PLAN IN PLACE TO COVER COSTS ASSOCIATED WITH LONG-TERM CARE. IN FISCAL 2010, MINNESOTA SPENT \$720 MILLION ON NURSING HOME CARE FOR THE ELDERLY, COMPARED WITH \$333 MILLION IN NON-INSTITUTIONAL CARE. MINNESOTA IS IN DESPERATE NEED OF LOW COST OPTIONS TO MEET THE GROWING NEEDS OF THE AGING POPULATIONS THAT SUPPORT INDIVIDUALS LIVING INDEPENDENTLY IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE. THE SERVICE ACTIVITIES OF RSVP VOLUNTEERS PROVIDE A VITAL LOW COST SOLUTION TO THIS EPIDEMIC. VOLUNTEERS DELIVER MEALS TO THE DOORSTEP AND PROVIDE TRANSPORTATION TO ESSENTIAL APPOINTMENTS. TOGETHER, THESE SERVICES INCREASE SOCIAL SUPPORT AND DECREASE LONELINESS, ISOLATION AND DEPRESSION WHICH OFTEN TIMES INCREASES THE LIKELIHOOD OF LONG-TERM CARE PLACEMENT.

ACCORDING TO HUNGER SOLUTIONS, A STATEWIDE PARTNERSHIP OF ORGANIZATIONS FIGHTING HUNGER, THE NUMBER OF VISITS TO MINNESOTA FOOD BANKS HAS GROWN 43% IN THE LAST FOUR YEARS, TO APPROXIMATELY 2.7 MILLION VISITS A YEAR IN 2014. THE WORKING POOR ARE THE FASTEST GROWING GROUP OF FOOD SHELF

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USERS. HALF OF THOSE SERVED BY FOOD BANKS ARE CHILDREN, AND 20% ARE SENIORS. THE MISSING MEALS REPORT COMPILED BY SECOND HARVEST HEARTLAND OF MINNESOTA REPORTED THAT MINNESOTANS ARE MISSING 125 MILLION MEALS ANNUALLY, WHICH IS THE EQUIVALENT OF EVERY LOW INCOME MINNESOTAN MISSING 10 MEALS PER MONTH. IN THE FACE OF INCREASING NEED, MINNESOTA FOOD BANKS ARE STRUGGLING TO KEEP UP WITH DEMAND, WITH OVER 50% INDICATING THAT THEY HAVE HAD TO TURN PEOPLE AWAY IN 2014. THE IMPACT OF EVEN MILD NUTRITIONAL DEPRIVATION CAN IMPEDE A CHILD'S COGNITIVE DEVELOPMENT AND IMPAIR THEIR CAPACITIES FOR A LIFETIME. OUR SENIORS ARE NOT FARING ANY BETTER; DESPITE THE AVAILABILITY OF THE SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), LESS THAN HALF THE ELIGIBLE SENIORS TAKE ADVANTAGE OF THE PROGRAM EVEN THOUGH THEY FACE HUNGER PERSONALLY. THE COMPLEXITY OF THE ENROLLMENT PROCESS AND THE PERCEIVED STIGMA OF PARTICIPATING IN THE PROGRAM ARE CITED AS ENROLLMENT DETERRENTS. ACCORDING TO DATA PROVIDED BY THE MINNESOTA STATE DEMOGRAPHIC CENTER AND U.S. CENSUS BUREAU, AN AVERAGE OF 11% OF THE POPULATION OF THE SIXTEEN COUNTY SERVICE AREA OF COMMON GOOD RSVP WERE LIVING IN POVERTY IN 2014. BLUE EARTH COUNTY HAS THE HIGHEST PERCENTAGE OF THE POPULATION LIVING IN POVERTY AT 16.9%, WITH THE CITY OF MANKATO (LOCATED IN BLUE EARTH COUNTY) REPORTED AS THE MINNESOTA CITY WITH THE HIGHEST PERCENTAGE OF POVERTY STATEWIDE AT 26%. POVERTY AND SOCIAL ISOLATION COMBINE TO MAKE FOOD SECURITY A MAJOR CONCERN IN MINNESOTA, CONSIDERABLY SO IN THE 16 PRIMARILY RURAL COUNTIES SERVED BY OUR RSVP PROJECT. COMMON GOOD RSVP VOLUNTEERS PROVIDE ASSISTANCE TO FOOD SHELVES, FOOD BANKS, FOOD RECOVERY PROGRAMS AND FOOD DELIVERY PROGRAMS - CONTRIBUTING SIGNIFICANTLY TO THE ONGOING AND INCREASING ISSUE OF FOOD INSECURITY IN OUR MINNESOTA HEARTLAND.

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MANY ELEMENTARY SCHOOL STUDENTS DO NOT RECEIVE THE IDEAL AMOUNT OF ONE TO ONE INTERACTION IN DEVELOPING THEIR MATH, READING, AND WRITING SKILLS DUE TO UNDERSTAFFED CLASSROOMS, SINGLE PARENT OR DUAL PARENT WORKING HOMES WITH LESS TIME FOR PARENTAL INVOLVEMENT IN DEVELOPING READING SKILLS AND INCREASED DEMANDS PLACED ON THE TEACHER'S TIME IN THE CLASSROOM SETTING. RSVP VOLUNTEER TUTORS PROVIDE STUDENTS WITH INDIVIDUALIZED ATTENTION DIRECTED AT IMPROVING THEIR MATH, WRITING, READING AND COMPREHENSION. THROUGH ONE-ON-ONE TUTORING SESSIONS AND CLASSROOM ASSISTANCE PROVIDED BY RSVP VOLUNTEERS, STUDENTS IMPROVE ACADEMIC PERFORMANCE, RECEIVE POSITIVE REINFORCEMENT IN THEIR DEVELOPMENT, EXPERIENCE A POSITIVE INTERGENERATIONAL INTERACTION WITH VOLUNTEERS AND DEMONSTRATE IMPROVED ACADEMIC ENGAGEMENT.

COMMON GOOD RSVP SUPPORTS PARTNERING NOT FOR PROFIT AGENCIES BY RECRUITING, REFERRING, SUPPORTING AND RECOGNIZING VOLUNTEERS SERVING WITHIN THEIR AGENCIES. FROM JULY 1, 2016 TO JUNE 30, 2017, 1,237 COMMON GOOD RSVP VOLUNTEERS PROVIDED 111,379 HOURS OF SERVICE TO 120 NOT FOR PROFIT AGENCIES IN THEIR COMMUNITIES.

AGE WELL AT HOME - CATHOLIC CHARITIES OF SOUTHERN MN LAUNCHED A NEW SERVICE TO SUPPORT OLDER ADULTS RESIDING IN WINONA COUNTY IN 2017. THE AGE WELL AT HOME PROGRAM MADE POSSIBLE IN PART BY FUNDING PROVIDED BY MINNESOTA DEPARTMENT OF HUMAN SERVICES, LIVE WELL AT HOME GRANT ADMINISTERED BY MN BOARD ON AGING; IS DESIGNED TO PROVIDE SUPPORT SERVICES TO WINONA COUNTY RESIDENTS 65 AND OLDER TO SAFELY SUSTAIN THEIR INDEPENDENCE IN THEIR OWN HOME, WITH THE GOAL OF REDUCING THE NEED FOR LONG TERM CARE PLACEMENT. THIS PAY FOR SERVICE OPTION OFFERS SUPPORT DESIGNED TO IMPROVE HEALTH, MAXIMIZE INDEPENDENCE AND COMMUNITY

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INVOLVEMENT.

SPECIFICALLY, THE AGE WELL AT HOME PROGRAM PROVIDES THE FOLLOWING SERVICES: TRANSPORTATION, COMPANIONSHIP\RESPITE, CHORE SERVICE, LIGHT HOUSEKEEPING, TELEPHONE ASSURANCE CALLS. THE PROGRAM ALSO PROVIDES A FULL-TIME STAFF MEMBER WHO SERVES AS A COMMUNITY RESOURCE PROFESSIONAL. THE AGE WELL AT HOME PROGRAM PROVIDES SERVICES WITH THE ASSISTANCE OF VOLUNTEERS WILLING TO SHARE THEIR TIME AND GENEROSITY TO HELP SUPPORT THE PEOPLE WE SERVE.

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

GUARDIAN & CONSERVATOR PROGRAM - THE GUARDIAN & CONSERVATOR PROGRAM PROVIDES MUCH NEEDED ASSISTANCE TO CLIENTS WHO HAVE BEEN DEEMED INCAPACITATED BY A JUDGE OF THE DISTRICT COURT. OUR CLIENTS ARE UNABLE TO MAKE DECISIONS ON THEIR OWN BEHALF AND NEED GUIDANCE IN PROTECTING THEMSELVES AND/OR THEIR FINANCES. AS GUARDIAN, WE HAVE THE DECISION MAKING AUTHORITY CONCERNING THE PERSON. AS CONSERVATOR, WE HAVE THE AUTHORITY TO MAKE FINANCIAL DECISIONS ON THE BEHALF OF THE PROTECTED PERSON.

THE CLIENTS WE SERVE MAY BE DEVELOPMENTALLY DISABLED, SERIOUSLY AND PERSISTENTLY MENTALLY ILL, CHEMICAL AND/OR DRUG DEPENDENT, PHYSICALLY FRAIL/IMPAIRED, COGNITIVELY IMPAIRED, OR EXPERIENCING COMPLEX MEDICAL DIAGNOSES. OUR CLIENTS LIVE IN A VARIETY OF SETTINGS INCLUDING RESIDENTIAL GROUP HOMES, CORPORATE FOSTER CARE, SKILLED NURSING CARE CENTERS, ASSISTED LIVING FACILITIES AND INDEPENDENT LIVING SETTINGS.

SPECIFIC EXAMPLES OF SERVICES PROVIDED TO CLIENTS THROUGH THE GUARDIAN

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& CONSERVATOR PROGRAM INCLUDE ATTENDING MEDICAL APPOINTMENTS; GIVING
LEGAL CONSENT FOR TREATMENTS, MEDICATIONS AND PROCEDURES; FINDING
BETTER SUITED PLACEMENT OR LIVING ARRANGEMENTS FOR CLIENTS WHEN NEEDED;
SHOPPING WITH AND FOR CLIENTS; COORDINATING THE SALE OF REAL ESTATE OR
OTHER VALUABLE ITEMS ON BEHALF OF CLIENTS (WITH COURT APPROVAL);
MANAGING FINANCES; ASSISTING IN LOCATING AND OBTAINING ENTITLED
SERVICES (SUCH AS MEDICAL ASSISTANCE, SOCIAL SECURITY AND/OR VETERANS
BENEFITS) AND EMPLOYMENT; AND OVERALL COORDINATION OF SERVICES TO
ENSURE THAT THE HIGHEST QUALITY OF CARE POSSIBLE IS OFFERED TO EACH
CLIENT. WE STRIVE TO PROMOTE INDEPENDENCE AND PURSUE THE LEAST
RESTRICTIVE SETTING FOR OUR CLIENTS. MANY OF OUR CLIENTS DO NOT HAVE
FAMILY OR OTHER SUPPORTS AND IN MANY CASES, HAVE BEEN MARGINALIZED BY
SOCIETY. WE ACT AS ADVOCATES FOR OUR CLIENTS AND ARE OFTEN THOUGHT OF
AS SURROGATE FAMILY MEMBERS.

IN THE LAST FISCAL YEAR, WE EMPLOYED FIVE STAFF MEMBERS THAT HAVE
BACKGROUNDS IN SOCIAL WORK, HUMAN SERVICES AND/OR ACCOUNTING. WE SERVED
100 CLIENTS INCLUDING 12 NEW CLIENTS. FORTY-NINE OF THOSE CLIENTS WERE
UNDER BOTH GUARDIANSHIP AND CONSERVATORSHIP; 45 WERE UNDER GUARDIANSHIP
ONLY AND THE REMAINING 6 WERE UNDER CONSERVATORSHIP ONLY. WE ARE
CONTRACTED TO SERVE CLIENTS THROUGH WINONA, FILLMORE, GOODHUE, RAMSEY,
AND STEELE COUNTIES. WE ARE SERVING MOST OF OUR CLIENTS IN THE WINONA
AND SURROUNDING AREA, BUT DEPENDING ON THEIR NEEDS AND THE AVAILABILITY
OF APPROPRIATE PLACEMENT, WE HAVE ALSO SERVED CLIENTS LIVING IN
HARMONY, DULUTH, MOORHEAD, FOLEY, FRANKLIN, THE TWIN CITIES, RED WING,
ROCHESTER, ST. PETER, AUSTIN, ALBERT LEA, OWATONNA, FARIBAULT, LEROY,
NORTHFIELD, LA CRESCENT, CALEDONIA, HOUSTON, CHATFIELD, ZUMBROTA,
HASTINGS, LAKE CITY, ELKO NEW MARKET, AND WABASHA. WE STRIVE TO SEE OUR

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CLIENTS A MINIMUM OF ONCE A MONTH WITH THE EXCEPTION OF THOSE LIVING IN
THE FAR REACHING AREAS OF THE STATE WHOM WE SEE TWICE A YEAR AND AS
NEEDED. CLIENTS SERVED RANGED IN AGE FROM 18 TO 95.

BOTH OF THE CASE AIDES IN THE PROGRAM SUCCESSFULLY ADVANCED TO
CASEWORKER IN THE LAST FISCAL YEAR. OUR PROGRAM IS NOW OPERATING
WITHOUT A CASE AIDE WITH THE HOPES OF HIRING A PART-TIME ADMINISTRATIVE
ASSISTANT TO FURTHER SUPPORT THE PROGRAM. IN THE LAST YEAR, WE
INCREASED OUR BILLABLE HOURS BY 20% WHILE SERVING THE SAME NUMBER OF
CLIENTS AS THE PREVIOUS FISCAL YEAR. THIS ILLUSTRATES THAT WE ARE
SERVING MORE COMPLICATED CASES THAN WE HAVE IN YEARS PAST. WE CONTINUE
TO STRIVE TO BE THE FIRST CHOICE AMONG REFERRING AGENCIES AND SOURCES
FOR GUARDIANSHIPS AND CONSERVATORSHIPS.

MEDICATION APPLICATION SERVICE (MEDIAPPS) - THE MEDIAPPS PROGRAM
REMAINS A VITAL PROGRAM WITHIN THE WINONA AREA. DESPITE THE
IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA), CLIENTS IN THE WINONA
AREA STILL STRUGGLE WITH THE COST OF PRESCRIPTION MEDICATION.

BELOW ARE COMMON SITUATIONS WHERE PEOPLE STRUGGLE TO PAY FOR
PRESCRIPTION MEDICATION.

-MEDICARE PATIENTS WITH DRUG COVERAGE WHO CANNOT AFFORD PRESCRIPTION
CO-PAYS ONCE IN THE INSURANCE COVERAGE "GAP"

-EMPLOYED, UNEMPLOYED OR RETIREES WITH NO HEALTH CARE COVERAGE

-MEDICARE RECIPIENTS WHO CANNOT AFFORD PRESCRIPTION DRUG COVERAGE

-CHRONICALLY ILL PATIENTS WHO CANNOT WORK OR AFFORD MEDICATIONS

-LOW WAGE EMPLOYEES WITH HIGH COST DRUG NEEDS LIKE INSULIN AND ASTHMA

MEDICINES

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-HOMELESS LIVING DAY TO DAY WITH NO RESOURCES

-CHRONICALLY ILL WHO CANNOT AFFORD HEALTH CARE PLANS OR DEDUCTIBLES

-THOSE WITH HIGH DEDUCTIBLE PLANS UNABLE TO AFFORD THE DEDUCTIBLES

-THOSE UNDERGOING TEMPORARY FINANCIAL HARDSHIPS

THESE ARE JUST A FEW OF THE PEOPLE AND SITUATIONS THAT THE MEDIAPPS
PROGRAM HELPS EVERY DAY. THE MEDIAPPS PROGRAM HELPS PEOPLE APPLY FOR
AND OBTAIN NO COST MEDICATIONS DIRECTLY FROM THE PHARMACEUTICAL
COMPANIES AND IT ALSO HELPS RESIDENTS OF SEVERAL COUNTIES PURCHASE
MEDICATIONS AND MEDICAL DEVICES IN EMERGENCY SITUATIONS.

WINONA, HOUSTON AND FILLMORE COUNTIES RESIDENTS ARE BLESSED TO HAVE A
LOCAL PROGRAM FUNDED BY A DONOR-DIRECTED GRANT THROUGH THE WINONA
COMMUNITY FOUNDATION (WCF). THIS UNIQUE PROGRAM FUNDS IMMEDIATE
MEDICATION NEEDS, MEDICAL EQUIPMENT AND SUPPLIES THAT HELP PEOPLE ON A
SHORT TERM BASIS. OFTEN, THIS BRIDGES THE GAP UNTIL ALTERNATIVE
SOLUTIONS ARE FOUND. REFERRALS COME FROM DOCTORS, HOSPITAL SOCIAL
WORKERS, OTHER SERVICE AGENCIES AND FAMILY OR FRIENDS WHO HAVE BEEN
HELPED IN THE PAST.

BRIDGING A SHORT-TERM NEED OFTEN LEADS TO LONG HELP IN THE FORM OF
PHARMACEUTICAL COMPANY "PATIENT ASSISTANCE PROGRAMS". THE MEDIAPPS
CASEWORKER HELPS THOSE IN NEED APPLY FOR AND OBTAIN NO COST MEDICINE
THROUGH THE PHARMACEUTICAL COMPANIES. BEING AN ADVOCATE MEANS
UNDERSTANDING THE CLIENTS' NEEDS AND SITUATION AS WELL AS THE
PHARMACEUTICAL COMPANY PATIENT ASSISTANCE PLAN RULES AND REQUIREMENTS.
AS AN ADVOCATE, WE WORK CLOSELY WITH THE HEALTH CARE PROVIDER, THE
CLIENT, AND THE PHARMACEUTICAL COMPANIES TO OBTAIN THE NEEDED

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MEDICATIONS. HELPING TO APPLY AND SUBMIT THE NEEDED FORMS, TRACKING EACH PATIENT'S MEDICATIONS, REORDERING REGULARLY, OBTAINING REFILL PRESCRIPTIONS, COMMUNICATING WITH THE PROVIDERS' OFFICE, THE PATIENT ASSISTANCE PLANS, AND THE PATIENT ARE JUST A FEW OF THE SERVICES PROVIDED. IN ADDITION, WE HELP CLIENTS REAPPLY FOR THE PROGRAM(S) ANNUALLY, AS NEEDED.

IN ADDITION TO HELPING THROUGH PATIENT ASSISTANCE PROGRAMS AND SHORT TERM MEDICATION PURCHASES, THE MEDIAPPS PROGRAM HELPS CLIENTS PURCHASE PRESCRIPTIONS THROUGH A NATIONAL NON-PROFIT PHARMACY SET UP TO SERVE LOW INCOME PEOPLE. THIS PHARMACY CAN BE USED ON AN ONGOING BASIS TO PROVIDE LOW COST MEDICATIONS. WE ALSO HAVE RESOURCES TO LOCATE LOW COST COUPONS WHICH CAN BE USED LOCALLY.

WE OFTEN UNCOVER MULTIPLE NEEDS RELATING TO THE HEALTH NEEDS OF A CLIENT AS ILLUSTRATED BY THE STORY SHOWN BELOW.

A SINGLE RETIRED WOMAN CAME TO THE MEDIAPPS PROGRAM FOR HELP WITH HER PRESCRIPTION DRUG COSTS. UPON INVESTIGATION, WE FOUND THAT SHE WOULD BE ELIGIBLE FOR ASSISTANCE THROUGH A PHARMACEUTICAL COMPANY'S PROGRAM DESPITE THE FACT THAT SHE HAD INSURANCE. UPON FURTHER CONVERSATION WITH THE CLIENT, IT BECAME APPARENT THAT SHE HAD OUTSTANDING MEDICAL DEBT AT TWO HEALTHCARE FACILITIES. I ASSISTED HER WITH THE COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATIONS FOR BOTH HEALTHCARE FACILITIES, WHICH RESULTED IN THE 100% REDUCTION IN HER OUTSTANDING MEDICAL DEBT WITH BOTH HEALTHCARE FACILITIES. BECAUSE OF HER INCOME LEVEL, I INQUIRED IF SHE HAD LOOKED INTO FOOD SUPPORT THROUGH THE COUNTY. SHE HAD NOT LOOKED INTO THIS, SO WE COMPLETED THE APPLICATION TOGETHER, WHICH RESULTED IN \$24 PER MONTH IN ASSISTANCE THROUGH THE SUPPLEMENTAL NUTRITION

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ASSISTANCE PROGRAM. ONE VISIT TO THE MEDIAPPS PROGRAM MADE A
SIGNIFICANT DIFFERENCE IN THE FINANCIAL SITUATION FOR THIS CLIENT.

FINALLY, IN ORDER TO SUSTAIN LONG-TERM SOLUTIONS TO OUR CLIENTS'
MEDICATION NEEDS, MEDIAPPS SEES THAT ELIGIBLE CLIENTS ENROLL IN AND
MAINTAIN ENROLLMENT IN GOVERNMENT OR PRIVATE PROGRAMS THROUGH THE
AFFORDABLE CARE ACT. MEDIAPPS COMPLETES THE ONLINE APPLICATION WITH THE
CLIENT AND ASSISTS THE CLIENT IN SUBMITTING NECESSARY HOUSEHOLD AND
INCOME DOCUMENTS TO WINONA COUNTY COMMUNITY SERVICES.

IN FISCAL YEAR 2017, THE MEDIAPPS PROGRAM PROVIDED IMMEDIATE EMERGENCY
ASSISTANCE FOR MEDICATIONS/MEDICAL DEVICES TO 151 CLIENTS AT A COST OF
\$33,447. 38 OF THE 151 CLIENTS WENT ON TO SECURE MEDICATION THROUGH
THE PATIENT ASSISTANCE PROGRAM WITHIN MEDIAPPS.

IN FISCAL YEAR 2017, THE MEDIAPPS PROGRAM SECURED 565 PRESCRIPTIONS
VALUED AT OVER \$500,000 FOR 95 CLIENTS.
EXPENSES \$ 494,676. INCLUDING GRANTS OF \$ 38,287. REVENUE \$ 111,330.

FORM 990 PART III LINE 4D

PARISH SOCIAL MINISTRY - THE PARISH SOCIAL MINISTRY PROGRAM OF
CATHOLIC CHARITIES (PSM) EXISTS TO HELP PARISHES IN THE DIOCESE OF
WINONA LIVE OUT THE PRINCIPLES OF CATHOLIC SOCIAL TEACHING (CST). THE
PROGRAM PROVIDES LEADERSHIP, EDUCATION, GUIDANCE, AND SERVICE TO THE
PEOPLE AND INSTITUTIONS OF OUR DIOCESAN CHURCH IN THEIR TASK OF
BRINGING THE CHURCH'S SOCIAL MISSION TO LIFE. IN ADDITION, WE SERVE IN
THE WIDER COMMUNITY AS WE WORK WITH OTHER CHURCHES AND AGENCIES TO
CREATE MORE EFFECTIVE WAYS OF SERVING AND EMPOWERING THOSE IN NEED. OUR

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OFFICE ALSO DIRECTS THE WORK OF THE CATHOLIC CAMPAIGN FOR HUMAN
DEVELOPMENT (CCHD) AND CATHOLIC RELIEF SERVICES (CRS).

THROUGHOUT THE SCRIPTURES WE ARE REMINDED THAT THE MERCY OF GOD THE
FATHER AND THE LOVE OF JESUS CHRIST CALL US TO SERVE THE WEAKEST AMONG
US AND TO TAKE CARE OF GOD'S CREATION. WE ARE ALL INSPIRED BY POPE
FRANCIS' RENEWED EMPHASIS ON SOCIAL JUSTICE, AND MANY PARISHES ARE
DOING WONDERFUL WORKS OF JUSTICE AND SERVICE. UNFORTUNATELY, THESE
EFFORTS ARE OFTEN ON THE SIDELINES OF PARISH LIFE AND ARE FREQUENTLY
DIFFICULT TO BEGIN AND TO SUSTAIN IN OUR COMMUNITIES. IN OUR PARISHES,
WE OFTEN FEEL THAT WE DON'T HAVE THE RESOURCES TO IDENTIFY AND MEET THE
NEEDS OF THE POOR. IT CAN BE OVERWHELMING; WE SIMPLY DON'T KNOW WHERE
TO START.

POPE BENEDICT XVI WROTE THAT "LOVE (CHARITY) NEEDS TO BE ORGANIZED IF
IT IS TO BE AN ORDERED SERVICE TO THE COMMUNITY." PSM HELPS PARISHES TO
ORGANIZE LOVE. "ORGANIZING LOVE" DOESN'T MEAN THAT A PARISH NEEDS TO
START A BIG, NEW CHARITY PROGRAM-FAR FROM IT! RATHER, IT MEANS
SYSTEMATICALLY HELPING PARISHES TO IDENTIFY WHAT IS ALREADY BEING DONE
IN THE PARISH AND COMMUNITY, TYING THIS WORK DIRECTLY TO THE LOVE OF
CHRIST, AND HELPING THE PARISH IN ITS CONTINUING MISSION TO FORM
DISCIPLES OF CHRIST.

THE PSM DIRECTOR AND THE PSM COORDINATOR IN THE WORTHINGTON DEANERY
WORK TOGETHER USING THE TOOLS OF EDUCATION, ORGANIZING, AND ADVOCACY.
PSM HAS PROVIDED EDUCATIONAL MATERIALS AND PROGRAMMING TO PARISHES,
HELPED PARISHES TO ORGANIZE SOCIAL JUSTICE COMMITTEES AND SOCIAL ACTION
EVENTS, AND WORKED WITH THE MINNESOTA CATHOLIC CONFERENCE (MCC) IN

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ORGANIZING PARISHES FOR SOCIAL ADVOCACY - ALLOWING THE CATHOLIC VOICE
TO BE HEARD IN THE STATE AND NATIONAL LEGISLATURES.

PSM HAS PROVIDED LEADERSHIP AND LEGWORK TO THE DIOCESAN SOCIAL CONCERNS
COMMITTEE AND COORDINATED WITH THE COMMITTEE IN HOSTING A SOCIAL
JUSTICE DAY IN THE DIOCESE IN OCTOBER 2016. THE TITLE OF THAT DAY'S
PRESENTATION WAS "HOW IS GOD CALLING US TO SERVE THE POOR?:
UNDERSTANDING POVERTY". THE COMMITTEE IS PLANNING TWO RETREATS ON
IMMIGRATION, ONE IN IONA AND ONE IN ST. CHARLES, FOR THE FALL OF 2017.

THE DIRECTOR AND COORDINATOR OF PSM HAVE BOTH BEEN ACTIVE IN
ORGANIZATIONAL WORK DURING FY 2017 INCLUDING:

-PROVIDING CST PRESENTATIONS IN PIPESTONE, LUVERNE, WORTHINGTON, AND
ROCHESTER.

-SUPPORTING AND FOSTERING SMALL GROUPS IN MAPLETON, VERNON CENTER,
ADAMS, AND LUVERNE THAT STUDY SCRIPTURE, CHURCH DOCUMENTS, AND THE
CATECHISM, SHARE THEIR REFLECTIONS, PRAY TOGETHER, AND BUILD A
COMMUNITY OF DISCIPLES. THEY CONTINUE TO LAY THE GROUNDWORK FOR
ADDITIONAL GROUPS ACROSS THE DIOCESE.

-VISITING SOCIAL JUSTICE COMMITTEES THROUGHOUT THE DIOCESE AND
CONDUCTING AN INVENTORY OF THEIR SOCIAL ACTION IN THE DIOCESE.

-ASSISTING PARISHES IN PROVIDING DIRECT-SERVICE TO PEOPLE IN NEED.

-PRODUCING AND DISTRIBUTING A MONTHLY E-NEWSLETTER ON SOCIAL JUSTICE.
THE E-NEWSLETTER CURRENTLY HAS OVER 200 SUBSCRIBERS.

-MODIFYING THE PSM WEBPAGE ON THE CATHOLIC CHARITIES' WEBSITE.

IN ADDITION TO THESE ACTIVITIES, THE PSM PROGRAM, WORKING WITH LOCAL
PARTNERS ACROSS THE DIOCESE INCLUDING SOCIETY OF ST. VINCENT DE PAUL

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CONFERENCES, PROVIDED EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES IN
NEED. THIS NETWORK OF EMERGENCY ASSISTANCE DISTRIBUTED \$20,000 TO 81
HOUSEHOLDS.

THE FUNDS, WHICH WERE PROVIDED BY THE DIOCESE OF WINONA, HELPED
FAMILIES WITH UTILITY BILLS, HOUSING ASSISTANCE, CAR REPAIRS, EMERGENCY
FOOD OR OTHER MISCELLANEOUS NEEDS, SUCH AS BABY FOOD, DIAPERS AND
PRESCRIPTION MEDICATIONS. HERE IS A BREAKDOWN OF THE ASSISTANCE
PROVIDED BY CATEGORY: HOUSING \$12,763; UTILITIES \$4,481; TRANSPORTATION
\$840; OTHER-INCLUDING MEDICAL \$1,916; TOTAL \$20,000.

THE PSM PROGRAM IS ALSO COORDINATING THE DIOCESAN RESPONSE TO SURVIVORS
OF SEVERE FLOODS THAT OCCURRED IN SEPTEMBER 2016. IMPACTED AREAS
INCLUDED WASECA, FREEBORN, STEELE, MOWER, AND BLUE EARTH COUNTIES. THE
BISHOP OF THE DIOCESE OF WINONA, JOHN M. QUINN, CALLED FOR A SECOND
COLLECTION IN THE PARISHES OF THE DIOCESE TO RAISE FUNDS FOR FLOOD
SURVIVORS. OVER \$70,000 WAS RAISED. THE PROGRAM IS WORKING WITH
LUTHERAN SOCIAL SERVICES (LSS) TO HELP IMPACTED FAMILIES WITH NEEDS
THAT WERE NOT COVERED BY INSURANCE, FEMA ASSISTANCE, OR OTHER SOURCES
OF HELP.

FINALLY, THE PSM PROGRAM, WORKING WITH A DEDICATED GROUP OF WINONA AREA
VOLUNTEERS, OPENED THE WINONA COMMUNITY WARMING CENTER (WCWC) IN
JANUARY 2017. THE WCWC HELPS HOMELESS ADULTS SURVIVE THE DARKEST
NIGHTS OF MINNESOTA'S WINTERS. IT OFFERS A SAFE, WARM PLACE TO SLEEP,
SHOWERS, LAUNDRY FACILITIES, HEALTHY SNACKS AND BEVERAGES, FELLOWSHIP,
AND REFERRALS FOR ADDITIONAL HELP.

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THE WCWC IS PATTERNED AFTER WARMING CENTERS IN EAU CLAIRE AND LA CROSSE WISCONSIN. IT IS LOCATED IN THE HEART OF DOWNTOWN WINONA AT THE COMMUNITY BIBLE CHURCH.

THE WCWC, WHICH CAN ACCOMMODATE TEN GUESTS, BEGAN OPERATIONS ON JANUARY 7, 2017. THE WCWC COMPLETED ITS FIRST SEASON OF PROVIDING OVERNIGHT SHELTER FOR HOMELESS ADULTS ON MARCH 31, 2017. OPEN FROM 9:00 PM TO 7:00 AM SEVEN DAYS A WEEK, THE WCWC IS STAFFED ENTIRELY BY COMMUNITY VOLUNTEERS. ITS 127 VOLUNTEERS PROVIDED OVER 1,700 HOURS OF SERVICE. THE WCWC EMPLOYS ONLY ONE PAID STAFF PERSON - A PART-TIME COORDINATOR WHO WORKS APPROXIMATELY EIGHT MONTHS OF THE YEAR AT 16 HOURS PER WEEK.

THE WCWC OPERATED AT 34% OF CAPACITY IN ITS INAUGURAL SEASON, WHICH IS A HIGH PERCENTAGE FOR A SHELTER THAT JUST OPENED. THE WCWC PROVIDED 276 SHELTER NIGHTS TO 22 UNDUPLICATED HOMELESS ADULT DURING ITS FIRST SEASON.

WE EXPECT THAT THE WCWC WILL OPERATE AT 85% TO 90% OF CAPACITY DURING ITS SECOND SEASON WHICH WILL OPEN ON NOVEMBER 1, 2017. THAT SEASON WILL END ON MARCH 31, 2018.

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

THE BISHOP FOR THE DIOCESE OF WINONA 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.

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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.

PART X LINE 25 ACCRUED LOSS FROM LITIGATION CLAIMS

THE AGENCY IS A CO-DEFENDANT IN TWO THREATENED PERSONAL INJURY
LAWSUITS. THE AGENCY PLANS TO VIGOROUSLY DEFEND THESE MATTERS. THE
ULTIMATE OUTCOME OF THIS LITIGATION CANNOT PRESENTLY BE DETERMINED.
HOWEVER, BASED ON LIMITED INFORMATION AVAILABLE AT THIS TIME, THE
AGENCY PRELIMINARILY ESTIMATES THAT IT MAY INCUR COSTS ASSOCIATED WITH
THESE LAWSUITS OF \$300,000 AND HAS ACCRUED A LIABILITY FOR THAT AMOUNT.

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.

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FORM 990 PART VII

WE WERE UNABLE TO OBTAIN COMPENSATION INFORMATION FOR MOST REVEREND
JOHN QUINN AND REVEREND MONSIGNOR THOMAS MELVIN FROM THE DIOCESE OF
WINONA, A RELATED ORGANIZATION. THE INDIVIDUALS HAVE DECLINED
PERMISSION TO HAVE THIS INFORMATION INCLUDED IN OUR FORM 990.

Mail To:
Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Website Address:
www.ag.state.mn.us/charity

STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2

SECTION A: Organization Information

Legal Name of Organization CATHOLIC CHARITIES OF THE

Federal EIN: **-***1636

Fiscal Year-End: 06/30/2017
mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

Mailing Address: ROBERT TEREBA	Physical Address: ROBERT TEREBA
Contact Person PO BOX 379	Contact Person 111 MARKET STREET
Street Address WINONA, MINNESOTA 55987-0379	Street Address WINONA, MN 55987
City, State, and ZIP Code 507.454.2270	City, State, and ZIP Code 507.454.2270
Phone Number RTEREBA@CCWINONA.COM	Phone Number RTEREBA@CCWINONA.COM
Email Address	Email Address

1. Organization's website: WWW.CCWINONA.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

CATHOLIC CHARITIES OF THE DIOCESE OF WINONA, INC.

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 2,511,210.

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and ZIP Code

10. Is the organization a food shelf? ☐ Yes ☒ No
 If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? ☒ Yes ☐ No
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
ROBERT TEREBA EXEC DIRECTOR/SECRETARY	94,561.	13,033.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$	2,010,592.	1
2. Government Grants	\$	1,352,399.	2
3. Program Service Revenue	\$	412,869.	3
4. Other Revenue	\$	73,425.	4
5. TOTAL INCOME	\$	3,849,285.	5

EXPENSES

6. Program Expenses	\$	2,340,109.	6
7. Management & General Expenses	\$	346,651.	7
8. Fund-raising Expenses	\$	153,857.	8
9. TOTAL EXPENSES	\$	2,840,617.	9
10. EXCESS or DEFICIT (Line 5 minus Line 9)	\$	1,008,668.	10

ASSETS

11. Cash	\$	661,517.	11
12. Land, Buildings & Equipment	\$	500,829.	12
13. Other Assets	\$	1,679,661.	13
14. TOTAL ASSETS	\$	2,842,007.	14

LIABILITIES

15. Accounts Payable	\$	229,482.	15
16. Grants Payable	\$		16
17. Other Liabilities	\$	311,719.	17
18. TOTAL LIABILITIES	\$	541,201.	18

FUND BALANCE/NET WORTH

\$ 2,300,806.

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.	358,410.	358,410.		
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees	177,548.	80,482.	85,066.	12,000.
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7. Other salaries and wages	1,338,107.	1,130,554.	141,717.	65,836.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,779.	60,640.	8,179.	3,960.
9. Other employee benefits	168,194.	140,501.	19,518.	8,175.
10. Payroll taxes	117,983.	96,082.	15,521.	6,380.
11. Fees for services (non-employees):				
a. Management				
b. Legal	1,965.	580.	1,183.	202.
c. Accounting	15,423.		15,423.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other	52,828.	35,706.	16,249.	873.
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy	130,100.	115,789.	9,210.	5,101.
17. Travel	162,627.	154,910.	4,392.	3,325.
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings	18,783.	14,381.	2,980.	1,422.
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization	19,992.	9,032.	10,407.	553.
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. PRINTING & PUBLICATIONS	48,946.	18,770.	2,012.	28,164.
b. SUPPLIES	40,337.	33,365.	5,644.	1,328.
c. TELEPHONE	38,500.	33,043.	2,809.	2,648.
d.	78,095.	57,864.	6,341.	13,890.
25. Total functional expenses. Add lines 1 through 24d	2,840,617.	2,340,109.	346,651.	153,857.
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

_____ (Title) and **CHAIR** _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

ROBERT TEREBA

Name (Print)

Signature

EXECUTIVE DIRECTOR

Title

Date

SCOT BERKLEY

Name (Print)

Signature

CHAIR

Title

Date