Form 990-T	E	Exempt Organization Bus	sine	ss Incom	ne T	ax Return ໃ <i>ງ</i> ວຽງໄ		OMB No 1545-0047
•	For an	(and proxy tax und lendar year 2019 or other tax year beginning JUL 1,		2019				
1	Forca	► Go to www irs.gov/Form990T for in					<u>.</u>	2013
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may	be ma	de public if your o	organiza			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of CATHOLIC COMMUNITY FOU		(Empl	oyer identification number oyees' trust, see ctions)			
B Exempt under section	Print	OF MINNESOTA						1-1744184
X 501(c y)3)	Type	Number, street, and room or suite no. If a P.O. box			- '			ated business activity code instructions)
408(e) 220(e)	1	2610 UNIVERSITY AVENUE			500		1	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o ST. PAUL, MN 55114	r foreig	n postal code			523	000
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>					
at end of year 386,711,6		G Check organization type ► X 501(c) corp	-			401(a)		Other trust
		tion's unrelated trades or businesses.	1			the only (or first) un		41
		EE STATEMENT 1			-	complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	ırıs ı an	o II, complete a Se	cneaule	w for each addition	ai trade	or
business, then complete		oration a subsidiary in an affiliated group or a parei	nt cube	diary controlled a	roun?	<u> </u>	Yc	3 X No .
• • •		tifying number of the parent corporation.	it Jubj	idially controlled g	,			, (22)110
J The books are in care of	▶ 2	ANNE CULLEN MILLER			Telepho	one number 🕨 (651) 389-0300
Part Unrelate	d Trac	le or Business Income		(A) Income	•	(B) Expenses	;	(C) Net
1 a Gross receipts or sale	es					Keesaa		30.347.47/15
b Less returns and allo	wances	c Balance ►	1c					
2 Cost of goods sold (S	Schedule	A, line 7)	2				SIL COM	
3 Gross profit. Subtrac		-	3	100 6		The section series as another section and	140	1100 650
4a Capital gain net incor	-	•	4a	192,6	50.			192,650.
		art II, line 17) (attach Form 4797)	4b			bis and supplied that		,
c Capital loss deductio			4c 5	-1,021,8	55		2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1,021,855.
		ship or an S corporation (attach statement)	6	1,021,0	33.	**************************************	TO THE SHE	1,021,033.
Rent income (Schedum)Unrelated debt-finance	•	ne (Schedule F)	7					
		nd rents from a controlled organization (Schedule F)	8					•
•	•	on 501(c)(7), (9), or (17) organization (Schedule G)	9			/	Î	
10 Exploited exempt act			10					
11 Advertising income (Schedule	: J)	11					
12 Other income (See in			12	مر م				
13 Total. Combine line:	s 3 throu	gh 12	13	-82,9', 2		 	1	-829,205.
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing				.)		
		F		<u> </u>	- 14	{\	1 44 1	
•	ncers, or	rectors, and trustees (Schedule K)	Z	1 6 20	20 /	SR (14	
15 Salaries and wages16 Repairs and mainter	nance	·		DEC 16 20	المسيس	또	16	
17 Bad debts	101100	<i>,</i>	100	OGDEN,	UT		17	
18 Interest (attach sche	edule) (s	ee instructions)	1	000			18	
19 Taxes and licenses			-				19	2,007.
20 Depreciation (attach	Form 4	562)	,	20	Ш		影響	~**
21 Less depreciation cl	aimed oi	n Schedule A and elsewhere on return		21a	1		21b	
22 Depletion							22	
23 Contributions to def		mpensation plans					23	
24 Employee benefit pr		Seed (10.1)					24	
25 Excess exempt expe		<i>'</i>					25 26	
26 Excess readership c27 Other deductions (a	-			SEE S	TATE	EMENT 3	27	375.
28 Total deductions (a				ا سيد			28	2,382.
	_	ncome before net operating loss deduction. Subtrac	t line 28	3 from line 13			29	831,587.
		oss arising in tax years beginning on or after Janua						1 1
(see instructions)	J.				TAT	EMENT 4	30	0.
	taxable ı	ncome. Subtract line 30 from line 29)	31	-831,587.
923701 01-27-29 LHA F	or Paper	work Reduction Act Notice, see instructions.						Form 990-T (2019)

	O-T (2014 CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA		41-174	4184	Page 2
Par	Total Unrelated Business Taxable Income				
32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	2	69.
33	Amounts paid for disallowed fringes	r	33		
34	Charitable contributions (see instructions for limitation rules) STMT 5 STMT 6	4	- 34	·	27.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of	lines 32 and 33		2	42.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36		
36		1	37	2	42.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	d	$\left(\frac{3}{3} \right)$		00.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4	38	1,0	00.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		}		^
	enter the smaller of zero or line 37		39		0.
Par	IV Tax Computation				
1 / /40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	>	40		0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from		1 1		
	Tax rate schedule or Schedule D (Form 1041)	>	41		
42	Proxy tax See instructions	>	42		
43	Alternative minimum tax (trusts only)		43		
44	Tax on Noncompliant Facility Income. See instructions		44		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45		0.
\ \ \ Paf	V Tax and Payments		,		
462	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
ハレッ	Other credits (see instructions) 46b		-		
C	General business credit. Attach Form 3800		-		
_	Credit for prior year minimum tax (attach Form 8801 or 8827)		7		
	Total credits Add lines 46a through 46d		46e		
	, ,		47		0.
47	Subtract line 46e from line 45				
48		(attach schedule)	48		
49	Total tax Add lines 47 and 48 (see instructions)		49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.
51 a	Payments A 2018 overpayment credited to 2019		√ /		
b	2019 estimated tax payments 51b		4		
С	Tax deposited with Form 8868		_		
d	Foreign organizations Tax paid or withheld at source (see instructions) 51d		_		
е	Backup withholding (see instructions) 51e		<u> </u>		
f	Credit for small employer health insurance premiums (attach Form 8941) 511		_		
g	Other credits, adjustments, and payments Form 2439				
J	Form 4136 Other Total > 51g		_ լ լ		
52	Total payments. Add lines 51a through 51g		52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached		53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54		
1) 55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55		
1 56		lunded	56		
Parl			1		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
51	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			103	110
	• • • • • • • • • • • • • • • • • • • •				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			-	v
	here >				X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trust?			
	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$				
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complets. Deflaration of peparer (other than taxpayer) is based on all information of which preparer has any knowledges.	best of my knowle	edge and belief, it is tr	ue,	
Sign	\sim		May the IRS discuss th		/ith
Here	11105	ti-	he preparer shown bel	ow (see	
	Signature of officer Date Title	ın	nstructions)? X	es	No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
Paid	KIMBERLY ANDERSON,	self- employed			
	parer CPA Primbaly (o Conclusion 11/12/20		P00188	<u> 888</u> 9	
	Only Firm's name CLIFTONLARSONALLEN LLP	Fırm's EIN ▶	41-074	6749	9
USE	8215 GREENWAY BOULEVARD, SUITE 600				
	Firm's address ► MIDDLETON, WI 53562	Phone no 6	508-662-8	3600	
923711				90-T	(2019)

Form 990-T (2019) OF MINNESOTA

Schedule A - Cost of Goods So	old. Enter	method of invei	ntory val	uation ► N/A					
	nventory at beginning of year 1 6 Inventory at end of year				ır		6		
2 Purchases	2		_	Cost of goods sold St		line 6			
3 Cost of labor	3	3 from III			5. Enter here and in Part I,				
4a Additional section 263A costs		line 2			7				
(attach schedule)	4a	8 Do the rules of section			263A (with respect to		Yes	No
b Other costs (attach schedule)	4b] ,	property produced or a	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5			he organization?					
Schedule C - Rent Income (Fro	m Real	Property and	d Pers	onal Property L	ease	d With Real Prop	erty)		_
(see instructions)									
1. Description of property									
(1)					-				
(2)									
(3)									
(4)									
2.	Rent receiv	ed or accrued		•		0(-)5-4-1			
rent for personal property is more than for personal property is more than			personal pr	al property (if the percentago operty exceeds 50% or if on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connect nd 2(b) (a	ted with the income in	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		<u> </u>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	einstruct	ions)		<u> </u>			
			2.	Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-finance	d property		0	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			<u> </u>					***************************************	
(2)	•								-
(3)		-					1		
(4)								-	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to noced property a schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Altocable deduction of x total of column 6 x total of column 3(a) and 3(b))	
(1)	-			%					
(2)				%		·			
(3)	***************************************			%					
(4)				%				-	
	····					nter here and on page 1, Part I, line 7, column (A)		inter here and on page Part I, line 7, column (l	
Totals				.		0	.		0.
Total dividends-received deductions include	led in columi	ı 8							0.

Form 990-T (2019) OF MINNESOTA Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 6. Deductions directly connected with income in column 5 5 Part of column 4 that is included in the controlling organization's gross income 2 Employer identification 3. Net unrelated income (loss) (see instructions) 4 Total of specified 1. Name of controlled organization number (1) (2) (3) (4)Nonexempt Controlled Organizations 10 Part of column 9 that is included in the controlling organization's gross income 8. Net unrelated income (loss) Total of specified payments 11. Deductions directly connected 7 Taxable Income with income in column 10 made (see instructions) (1) (2) (3)(4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization ' (see instructions) Deductions Total deductions Set-asides · 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (1) (2)(3) (4) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 7 Excess exempt 3. Expenses 2. Gross from unrelated trade or 6. Expenses expenses (column directly connected 1 Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5 income from minus column 3) If a is not unrelated exploited activity column 5 but not more than of unrelated gain, compute cols 5 trade or business business income business income column 4) (1) (2)(3) (4)Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) on page 1, Part II, line 25 page 1, Part I, line 10. col (B) 0. Totals Schedule J - Advertising Income (see instructions) Pärt 📳 Income From Periodicals Reported on a Consolidated Basis 4 Advertising gain 7 Excess readership 2 Gross 5 Circulation 6. Readership Orect costs (column 6 minus or (loss) (col 2 minus advertising If a gain, compute cols 5 through 7 1. Name of periodical column 5, but not more advertising costs costs income than column 4) (1) (2) (3)(4)0. 0. 0. Totals (carry to Part II, line (5)) Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019) OF MINNES	OTA					1/4418	4 Page
Part III Income From Perio columns 2 through 7 on a		on a Separ	ate Basis (For each	ch periodica	al listed in Pa	art II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct dvertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulai income		Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	14					•	
(3)							
(4)		•					•
Totals from Part I	0.	0.					0.
	page 1, Part I,	nter here and on page 1, Part I, line 11, col (B)				577	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	n of Officers, Dire	ectors, and	Trustees (see in	structions)			
1. Name			2. Title		Percent of ne devoted to business		ensation attributable elated business
(1)					%		
(2)					%		
(3)			•		- %		

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ALL INCOME IS FROM UNRELATED BUSINESS ACTIVITIES REPORTED ON PARTNERSHIP AND S CORPORATION SCHEDULE K-1'S.

TO FORM 990-T, PAGE 1

FORM 990-T	INCO	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 2
DESCRIPTION	ī			NET INCOME OR (LOSS)
- ORDINARY SILO PARTNE - NET RENTA SILO PARTNE - INTEREST SILO PARTNE - DIVIDEND SILO PARTNE - ROYALTIES SILO PARTNE	ERSHIP K-1S LESS TO AL REAL ERSHIP K-1S LESS TO INCOME ERSHIP K-1S LESS TO ERSHIP K-1S LESS TO ERSHIP K-1S LESS TO ERSHIP K-1S LESS TO	HAN 20% OWNED WITHAN	HOUT CONTROL HOUT CONTROL HOUT CONTROL	-289,428 -11,256 23,811 5,648 8,907 -759,537 -1,021,855
FORM 990-T		OTHER DEDUCTI	ons	STATEMENT 3
DESCRIPTION	- I			AMOUNT
	-			AMOUNT
DESCRIPTION ACCOUNTING TOTAL TO FO	-	LINE 27		
ACCOUNTING	FEES PRM 990-T, PAGE 1,	LINE 27 OPERATING LOSS D	EDUCTION	AMOUNT 375
ACCOUNTING TOTAL TO FO	FEES PRM 990-T, PAGE 1,		EDUCTION LOSS REMAINING	AMOUNT 375 375
ACCOUNTING	FEES ORM 990-T, PAGE 1,	OPERATING LOSS D LOSS PREVIOUSLY	LOSS	AMOUNT 375 375 STATEMENT 4 AVAILABLE

FORM 990-T	CONTRIBUTIONS -	STATEMENT 5		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
GRANTS PAID	N/A	200,000.		
TOTAL TO FORM 990-T, PAGE 2, L	JINE 34	200,000.		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 6
~	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	•	
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS	200,000	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	200,000 27	_
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	199,973 0 199,973	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		 27
TOTAL CONT	RIBUTION DEDUCTION		27

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY |

Y 2 OMB No 1545-0047

2019

Department of the Tréasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

CATHOLIC COMMUNITY FOUNDATION

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for \$50,1(c)(3) Organizations Only

Name	OF MINNESOTA			41-17441	84
	Inrelated Business Activity Code (see instructions) 52300				
	Describe the unrelated trade or business METROPOLI	TAN	REAL ESTATE	PARTNERS GLO	BAL IV
Pa i	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-5.		-5.
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	649.		649.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			,
8	Interest, annuities, royalties, and rents from a controlled		,		
	organization (Schedule F)	8		<u></u>	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	_9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12		ANNUAL STREET,	
13	Total. Combine lines 3 through 12	13	644.		. 644.
ĴŖăi	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons i	for limitations on de e.)	ductions.) (Deductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	,
15	Salaries and wages			15	
16	Repairs and maintenance		•	16	

14	Compensation of officers, directors, and trustees (Schedule K)	14	r
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	êwi.	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	375.
28	Total deductions. Add lines 14 through 27	28	375.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	269.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	TET	,
	instructions)	30	0.
24	Harolated business tayable income. Subtract line 30 from line 29	31	269.

LHA. For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CATHOLIC	COMMUNITY	FOUNDATION
OF MINNE	מחסי	

41-1744184

02 1121111200111					
Did the corporation dispose of any investment	nt(s) in a qualified opportuni	ty fund dunng the tax yea	ar?		Yes X No
If "Yes," attach Form 8949 and see its instru-			gain or loss		
Part Short-Term Capital Ga	ins and Losses (See I	nstructions)			* * *
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	,	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these, transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked	,				
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					<u>'</u>
3 Totals for all transactions reported on					20.055
Form(s) 8949 with Box C checked			L		-39,877.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	J			5	<u> </u>
6 Unused capital loss carryover (attach computa			•	6	20 077
7 Net short-term capital gain or (loss). Combin				7	-39,877.
Part II Long-Term Capital Gai	ns and Losses (See in	structions.)	Т	_	
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	<u>-</u>	-			
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked				•	
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	44,965.	5,200.			34,379.
11 Enter gain from Form 4797, line 7 or 9			•	11	198,148.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kini	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		h		15	232,527.
	<u> </u>	loce (line 15)		16	
16 Enter excess of net short-term capital gain (lin17 Net capital gain. Enter excess of net long term		i i	7)	17-	192,650.
17 Net capital gain. Enter excess of net long term18 Add lines 16 and 17. Enter here and on Form			′′ · · ·	18	192,650.
Note: If losses exceed gains, see Capital Los		per une un unier returns	•	10	
Mule. II 103563 exceed gallis, see Capital Los	oco ar uno monucuono.				

LHA

Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Department of the Treasury

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

CATHOLIC COMMUNITY FOUNDATION

OF MINNESOTA

Social security number or taxpayer identification no.

41-1744184

statemént will h	ck Box A, B, or C belo have the same informa o even tell you which b	ation as Form 109	you received any 99-B Either will s	y Form(s) 1099-B o show whether you	or substitute statem r basis (usually youi	ent(s) from cost) was	n your broker A su reported to the IF	bstitute IS by your
	ort-Term. Transacti		al assets you held	1 year or less are ge	nerally short-term (see	instruction	s) For long-term	
trans	sactions, see page 2							
Note code	e: You may aggregate all es are required Enter the	short-term transac totals directly on S	tions reported on I Schedule D. line 1a	Form(s) 1099-B snow L vou aren't required	ing basis was reporte to report these transa	a to the IHS actions on F	orm 8949 (see instru	ijustments or ctions)
You must check f you have more sho	Box A, B, or C below. Ourt-term transactions than will	Check only one bo	e or more of the boxes	oox applies for your shor s, complete as many for	t-term transactions, comp ns with the same box che	ilete a separat cked as you n	e Form 8949, page 1, for eed	
(A) Short	term transactions rep	oorted on Form(s	s) 1099-B showin	ig basis was repor	ted to the IRS (see	Note abo	ove)	
(B) Short	-term transactions rep	oorted on Form(s	s) 1099-B showin	ig basis wasn't re	ported to the IRS			
X (C) Short	term transactions no	t reported to you	on Form 1099-i	В			_	
1	(a)	(b)	(c)	(d)	(e)	Adjustmer	it, if any, to gain or	(h)
Descripti	ion of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount	Gain or (loss).
•	100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in . See instructions.	Subtract column (e)
(Endinpie	100 011 711 2 00 7	(,,, ,, ,	(Mo , day, yr.)		Note below and	(f)	(g)	from column (d) &
			(*****)		see Column (e) In the instructions	Code(s)	Amount of	combine the result with column (g)
					the instructions		adjustment	with column (g)
	TNERSHIP							
K-1S LES	SS THAN 20%							
OWNE								<39,877.>
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		() () ()	1.00.4	-	 -			
	the amounts in colum	•						
_	ounts) Enter each to							
Schedule D,	line 1b (if Box A abo	ove is checked),	line 2 (if Box B					20 255
above is ch	ecked), or line 3 (if B	ox C above is ch	necked)	<u> </u>	<u> </u>			<39,877.>
Matar If you ob	acked Boy A above b	ut the bacie reno	orted to the IRS	was incorrect enti	er in column (e) the	hasis as r	enorted to the IRS	and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Namo(s) shown on return. Name and SSN or toxpayer identification no. not required if shown on page 1.

Social security number or

CATHOLIC COMMUNITY FOUNDATION							taxpayer identification no.	
OF MINNESOTA						41-1	41-1744184	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from ye r cost) was re	our broker A su eported to the IF	bstitute IS by your	
Part II Long-Term. Transaction	ons involving capita							
Note: You may aggregate all codes are required. Enter the	e totals directly on	Schedule D, line 8a	, you aren't required	to report these trans-	actions on For	n 89 <u>49 (see instru</u>	ictions)	
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	X. If more than one be or more of the boxes.	ox applies for your long- complete as many form	term transactions, compl is with the same box chec	ete a separate Fo okcd as you need	rm 8949, page 2, for	each applicable box	
(D) Long-term transactions rep								
(E) Long-term transactions rep	orted on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS				
X (F) Long-term transactions not	reported to you	on Form 1099-B						
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or		(h) Gain or (loss). Subtract column (e) from column (d) &	
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of (Mo., day, yr)	Proceeds (sales price)	Cost or other basis. See the Note below and see <i>Column (e)</i> In the instructions	loss. If you enter an amount in column (g), enter a code in column (f). See instructions.			
								(f) Code(s)
					425000.000 SHARES			
- KORONIS STOCK	VARIOUS	01/02/20	44,965.	5,200.			39,765.	
SILO PARTNERSHIP								
K-1S LESS THAN 20%							5 206	
OWNE							<5,386.	
								
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		L						
2 Totals. Add the amounts in colur					,			
negative amounts) Enter each to		•						
Schedule D, line 8b (If Box D abo			44 005	5 200			24 270	
above is checked), or line 10 (if E	Box F above is cl	hecked) 🕒	44,965.	5,200.			34,379.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment