



7. Describe debtor's business
- A. Check one:
- Health Care Business (as defined in 11 U.S.C. § 101(27A))
  - Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
  - Railroad (as defined in 11 U.S.C. § 101(44))
  - Stockbroker (as defined in 11 U.S.C. § 101(53AB))
  - Commodity Broker (as defined in 11 U.S.C. § 101(6))
  - Clearing Bank (as defined in 11 U.S.C. § 781(3))
  - None of the above
- B. Check all that apply
- Tax-exempt entity (as described in 26 U.S.C. §501)
  - Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
  - Investment advisor (as defined in 15 U.S.C. §80a-3)
- C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?
- Check one:
- Chapter 7
  - Chapter 9
  - Chapter 11. Check all that apply:
    - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
    - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
    - A plan is being filed with this petition.
    - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
    - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
    - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
  - Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
- No.  
 Yes.
- If more than 2 cases, attach a separate list.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- No.  
 Yes.
- List all cases. If more than 1, attach a separate list
- |                |  |
|----------------|--|
| Debtor _____   | Relationship to you _____              |
| District _____ | When _____ Case number, if known _____ |

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?  No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

Where is the property? \_\_\_\_\_  
Number, Street, City, State & ZIP Code \_\_\_\_\_

Is the property insured?

No

Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**Request for Relief, Declaration, and Signature**

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/06/2015  
MM/DD/YYYY

X Rev. James Bissonette  
Signature of authorized representative of debtor  
Title Vicar General

Rev. James Bissonette  
Printed name

**18. Signature of attorney**

X [Signature]  
Signature of attorney for debtor

Date 12/07/2015  
MM/DD/YYYY

Phillip L. Kunkel  
Printed name

Gray, Plant, Mooty, Mooty & Bennett, P.A.  
Firm name

1010 West St. Germain, Suite 500  
St. Cloud, MN 56301  
Number, Street, City, State & ZIP Code

Contact phone (320) 202-5335 Email address phillip.kunkel@gpmlaw.com

058981  
Bar number and State

Fill in this information to identify the case:

Debtor name Diocese of Duluth  
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA  
Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/6/2015

x J. James Bissonette  
Signature of individual signing on behalf of debtor

Rev. James Bissonette  
Printed name

Vicar General  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Diocese of Duluth  
 United States Bankruptcy Court for the: DISTRICT OF MINNESOTA  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**  
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Claimant 01 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 02 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 03 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 04 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 05 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00

Debtor **Diocese of Duluth**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Claimant 06 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 07 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 08 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 09 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 10 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 11 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Claimant 12 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Potential Tort Claimant, represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00

Debtor Diocese of Duluth Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Doe 01 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Doe 05 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Doe 28 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Doe 30 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Doe 68 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00
Doe 70 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101		Tort Claimant represented by counsel. Name and address to be filed under seal.	Contingent Unliquidated Disputed			\$0.00

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MINNESOTA

In re:

Diocese of Duluth,

Debtor-in-Possession.

Case No.:

Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Marilyn Gratto, declare under penalty of perjury that I am the Secretary of the Diocese of Duluth, a diocesan religious corporation organized and existing under the laws of the State of Minnesota and that on Dec 3, 2015 the following resolution was duly adopted by the members and directors of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United State Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Rev. James Bissonette, Vice-President of this corporation, or such other officer as he may designate, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Rev. James Bissonette, Vice-President of this corporation, or such other officer as he may designate, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Rev. James Bissonette, Vice-President of this corporation, is authorized and directed to employ the law firm of Elsaesser Jarzabek Anderson Elliott & Macdonald, Chtd. to represent the corporation in such bankruptcy case.

Be It Further Resolved, that Rev. James Bissonette, Vice-President of this corporation, is authorized and directed to employ the law firm of Gray Plant Mooty Mooty Bennett, P.A., to represent the corporation in such bankruptcy case as local counsel.

Be It Further Resolved, that Rev. James Bissonette, Vice-President of this corporation, is authorized and directed to employ the law firm of Johnson, Killen & Seiler, P.A., Duluth, MN to represent the corporation in such bankruptcy case as local counsel."

DIOCESE OF DULUTH

Date: 12/3/2015

Signed: Marilyn Gratto  
Marilyn Gratto, Secretary  
619 Lincoln Parkway  
Duluth, MN 55806

REVISED 12/15

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re: Diocese of Duluth

Case No.

Debtor(s).

SIGNATURE DECLARATION

- PETITION, SCHEDULES & STATEMENTS
- CHAPTER 13 PLAN
- VOLUNTARY CONVERSION, SCHEDULES & STATEMENTS
- AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
- MODIFIED CHAPTER 13 PLAN
- OTHER: PLEASE DESCRIBE: \_\_\_\_\_

I [We], the undersigned debtor(s) or authorized representative of the debtor, make the following declarations under penalty of perjury:

1. The information I have given my attorney for the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
2. The Social Security Number or Tax Identification Number I have given to my attorney for entry into the court's Case Management/Electronic Case Filing (CM/ECF) system as a part of the electronic commencement of the above-referenced case is true and correct;
3. [individual debtors only] If no Social Security Number was provided as described in paragraph 2 above, it is because I do not have a Social Security Number;
4. I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration;
5. My electronic signature contained on the documents filed with the Bankruptcy Court has the same effect as if it were my original signature on those documents; and
6. [corporate and partnership debtors only] I have been authorized to file this petition on behalf of the debtor.

Date: 12/06/2015

x Fr. James Bissonette  
Signature of Debtor 1 or Authorized Representative

x \_\_\_\_\_  
Signature of Debtor 2

Rev. James Bissonette  
Printed name of Debtor 1 or Authorized Representative

\_\_\_\_\_  
Printed Name of Debtor 2