#### EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

ΑF	For the	e 2021 calendar year, or tax year beginning and	ending		
<b>B</b> (	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		83-04001	49
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 777 N. 1ST ST.	Room/suite <b>490</b>	E Telephone number 408-995-	
	termin ated			G Gross receipts \$	66,670,142.
	Amen			H(a) Is this a group re	
Ē	Applic		K	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
1 1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1 ` ′	list. See instructions
		te: ► WWW.CFOSCC.ORG		H(c) Group exemptio	n number 🕨
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2004 N	A State of legal domicile: CA
Pa	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: DEVE	LOPS,	ACQUIRES ANI	)
Governance		DISTRIBUTES FUNDS THAT PROVIDE SUPPORT TO			
rna	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>15</u>
		Number of independent voting members of the governing body (Part VI, line 1b)		4	15
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	7
/itie	6	Total number of volunteers (estimate if necessary)			15
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			69.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		36,715,610.	16,601,851.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,296,150.	4,989,641.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		469,110.	468.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,480,870.	21,591,960.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,012,792.	4,244,105.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		739,770.	739,436.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u> L	0.	0.
ж	b	Total fundraising expenses (Part IX, column (D), line 25)   482,0		400 045	224 242
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		438,217.	924,249.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,190,779.	5,907,790.
		Revenue less expenses. Subtract line 18 from line 12		39,290,091.	15,684,170.
Assets or Ralances				ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		27,024,002.	151,557,808.
Net A	-	Total liabilities (Part X, line 26)		32,924,312.	38,375,732.
	art II	Net assets or fund balances. Subtract line 21 from line 20		94,099,690.	113,182,076.
			a and atatam	unto and to the heat of mu	I knowledge and helief it is
		lities of perjury, I declare that I have examined this return, including accompanying schedule: tt, and complete. Declaration of preparer (other than officer) is based on all information of wi			Knowledge and beller, it is
li ue,	, correc		iicii preparei	lias ally kilowieuge.	
ei.a.	<b>.</b>	Signature of officer		Date	
Sig: Her		MARY QUILICI AUMACK, CEO			
пеі	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN
Paid	1	PETER J. MALUTTA PETER J. MALUTTA	A 1	1/08/22 of self-employ	
	parer	Firm's name DELUCCHI HAWN, LLP	· -     <u>-</u>		94-2847272
	Only	Firm's address 333 W. SANTA CLARA ST. STE 750		THIII 3 LIIV	
	,	SAN JOSE, CA 95113-1716		Phone no. 40	8-286-2200
Ma۱	v the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110. 20	X Yes No
	,	proparer error and to the mediation			

		-0400149	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:	ODM MO	
	DEVELOPS, ACQUIRES, AND DISTRIBUTES FUNDS THAT PROVIDE SUPPORANISH, EDUCATIONAL, RELIGIOUS, CHARITABLE AND OTHER ORGANIZATION		
	COMPRISING THE CATHOLIC COMMUNITY.	ATTONS	
	COMPRISING THE CATHODIC COMMONTH.		
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	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, a	nd
	revenue, if any, for each program service reported.  (Code:) (Expenses \$2, 192, 121. including grants of \$1, 870, 454. ) (Revenue \$		```
4a	FOR THE SUPPORT OF DONOR ADVISED FUNDS AND GRANTING TO CHAR:	TTABLE	)
	ORGANIZATION		
	1 224 414 1 1 120 606		
4b	(Code:) (Expenses \$1,334,414. including grants of \$1,138,606. ) (Revenue \$ FOR THE SUPPORT OF DIOCESAN PROGRAM & DEPARTMENTS OF THE DIOCESAN PROGRAM.		)
	JOSE	JCESE OF	SAN
	003E		
	1 022 600		
4c	(Code:) (Expenses \$1,033,688. including grants of \$882,008. ) (Revenue \$		)
	SUPPORT OF CATHOLIC PARISHES AND MINISTRIES		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 413,749 • including grants of \$ 353,037 • ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 4,973,972.		200
		Form <b>g</b>	90 (2021)

# Form 990 (2021) THE CATHOLIC COMMUNITY FOUNDATION 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III	20a		X
20a	• • •	20a 20b		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Λ	<u> </u>

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Pa	rt IV Checklist of Required Schedules (continued)		Vaa	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1 37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		1 37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	3,		<del> </del>
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021) THE CATHOLIC COMMUNITY FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)  Coation 4047(aVt) was assessed as a sixthely transfer of the supposition filtra forms 4000 in line of forms 40410.	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	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		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

<u> </u>						X
Sec	tion A. Governing Body and Management					
		ı	1 45		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, 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					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	s, 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	/ befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$	es," c	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · · · · · · · · · · · · · · · · · ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA	-1.001	NT ( 11 504 ( ) (2)	! >		.1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-1 (section 501(c)(3)s	only)	avaılat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	· c ·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, and	tinano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	a records			
	THE ORGANIZATION - 408-995-5219					
	777 N. 1ST ST., 490, SAN JOSE, CA 95112					

Form **990** (2021)

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	Individual trustee or director	Institutional trustee		ee ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntiona	L	nploy	st cor	-	10001420)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MARY QUILICI AUMACK	40.00									
CEO				Х				274,000.	0.	23,608.
(2) JOHN SOBRATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JIM CASHMAN	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) CHARMAINE WARMENHOVEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) TOM CROTTY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) BERTHA MINNIHAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DOUG HANSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) RAYMOND J. TRIPLETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) C.S. PARK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STEVE BARONI	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) JENNIFER CUNEEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BRAD BARON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ANNE MILLIGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) PAUL NORMANDIN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) DON MCGOVERN	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(16) PATRICK WAITE	1.00									_
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
		l								
	1									000

Form 990 (2021)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u>oloy</u>	<u>ees,</u>	<u>, anc</u>	<u>jiHi</u>	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per	box	Position do not check more than one ox, unless person is both an officer and a director/trustee)				n an	<b>(D)</b> Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Department	Key employee	Highest compensated surj.yd		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr org and	other pensation the anizated related anization	e ion ed
			_											
					ļ									
											$\dashv$			
					$\vdash$						$\dashv$			
			_								-			
											-			
			_											
			-											
	Subtotal Total from continuation sheets to Part VI								274,000.		0.		3,6	0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							o re	274,000. eceived more than \$100.	000 of reportable	0.	2	3,6	08.
	compensation from the organization												Yes	1 No
3	Did the organization list any <b>former</b> officer,	•		•	•	•		•	•	•				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4	X	
Sec	rendered to the organization? If "Yes." comtion B. Independent Contractors	plete Schedul	e <i>J f</i> c	or st	ıch <u>r</u>	oers	on				<u></u>	5		Х
1	Complete this table for your five highest co	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	om.	
	the organization. Report compensation for (A)  Name and business					ith C	or wi	tnin	(B)			(C		
	Name and business	address	NC	ONE	<u>s                                     </u>				Description of s	ervices		ompei	ISALIO	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lin	nited	tot t	thos (		ted	above) who received mo	ore than				
												Form	99 <del>0</del> (	2021)

132008 12-09-21

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi					104,473.				
ons,			Government grants (contributions)	1e	101,175.				
utic		T	All other contributions, gifts, grants, and	1 1	16,497,378.				
ë			similar amounts not included above	1f					
o d		_	Noncash contributions included in lines 1a-1f	1g \$	6,645,697.	16 601 951			
O g		n	Total. Add lines 1a-1f			16,601,851.			
	_				Business Code				
<u>ic</u> e	2								
erv		b							
Program Service Revenue		С							
		d							
og F		е							
۵			All other program service revenue						
		g	Total. Add lines 2a-2f		<b>)</b>				
	3		Investment income (including divide						
			other similar amounts)			1,303,399.	1,303,399.		
	4		Income from investment of tax-exen	npt bond pr	roceeds				
	5		Royalties		<b></b>				
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory <b>7a</b> 48,	764,424.					
		b	Less: cost or other basis						
ē			and sales expenses 7b 45,	078,182.					
her Revenue		С	Gain or (loss) 7c 3,	686,242.					
Jev			Net gain or (loss)			3,686,242.	3,686,242.		
e			Gross income from fundraising events (i		,				
퉏	_		including \$						
			contributions reported on line 1c). S	-					
			Part IV, line 18						
		b	Less: direct expenses						
			Net income or (loss) from fundraising		<b></b>				
			Gross income from gaming activities						
	-	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac		<b></b>				
			Gross sales of inventory, less return						
	10	u	and allowances	I					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			The modifie of (1000) from sales of fit	voritory	Business Code				
sn	11	2	K1-JPAS ILLIQUID ASSETS		900001	468.	399.	69.	
e Teo	• •	a b					- 333.		
Miscellaneous Revenue									
Sce Be		Q C	All other revenue						
Ξ			All other revenue		<u> </u>	468.			
		ਦ	Total Add lines 11a-11d			21,591,960.	4,990,040.	69.	0.
	12		<b>Total revenue.</b> See instructions		<b>P</b>	21,331,300.	1 =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı	٠.

# Form 990 (2021) THE CATHOLIC COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	4 244 105	4 244 105		
	and domestic governments. See Part IV, line 21	4,244,105.	4,244,105.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	274,000.		95,900.	178,100
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	359,084.	53,989.	147,161.	157,934
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,639. 36,206.	2,337. 2,955.	12,215. 15,442.	14,087 17,809
9	Other employee benefits	36,206.	2,955.		17,809
10	Payroll taxes	41,507.	3,540.	15,936.	22,031
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,133.		4,133.	
С	Accounting	40,400.		40,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	642.064	642.064		
f	Investment management fees	643,064.	643,064.		
g	Other. (If line 11g amount exceeds 10% of line 25,	F 4 70F	0 700	20 020	10 150
	column (A), amount, list line 11g expenses on Sch O.)	54,795.	2,703.	39,939.	12,153 29,954
12	Advertising and promotion	31,745.	400.	1,391.	29,954
13	Office expenses	6,252.	486.	3,690.	2,076
14	Information technology	48,033.	4,438.	24,642.	18,953
15	Royalties	20 600	1 261	15 607	10 627
16	Occupancy	38,698.	4,364.	15,697.	18,637
17	Travel	1,474.		1,474.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			+	
22	Depreciation, depletion, and amortization	14,400.	1,543.	5,677.	7,180
23	Other expanses Itamiza expanses not covered	14,400.	1,343.	3,011.	7,100
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schottle 0,				
а	amount, list line 24e expenses on Schedule 0.) UNRELATED BUSINESS INCO	9,966.		9,966.	
a b	MISCELLANEOUS	16,839.	183.	15,876.	780
C	K1-JPAS SEMI LIQUID	8,058.	8,058.	10,0,0	, 50
d	PRINTING AND POSTAGE	4,734.	149.	2,274.	2,311
	All other expenses	1,658.	1,658.	-,-,-,	2,511
25	Total functional expenses. Add lines 1 through 24e	5,907,790.	4,973,972.	451,813.	482,005
<u>26</u>	Joint costs. Complete this line only if the organization	3,22.,,200			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			693,143.	2	629,039.
	3	Pledges and grants receivable, net	31,277,301.	3	16,647,445.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ŕ	9	Prepaid expenses and deferred charges			15,529.	9	14,194.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	102,292. 102,292.			
	b	Less: accumulated depreciation	0.		0.		
	11	Investments - publicly traded securities	92,622,915.		115,739,536.		
	12	Investments - other securities. See Part IV, line	2,394,132.		14,905,837.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	22 222	14	2 604 555		
	15	Other assets. See Part IV, line 11	20,982.	15	3,621,757.		
	16	Total assets. Add lines 1 through 15 (must ed			127,024,002.	16	151,557,808.
	17	Accounts payable and accrued expenses			111,988.		150,391.
	18	Grants payable	54,999.	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
E.	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on lin					
		of Schedule D			32,757,325.	25	38,225,341.
	26	Total liabilities. Add lines 17 through 25			32,924,312.	26	38,375,732.
		Organizations that follow FASB ASC 958, cl			0_/0/0		3070.07.020
es		and complete lines 27, 28, 32, and 33.					
auc	27				40,189,937.	27	47,788,436.
Bala	28				53,909,753.	28	65,393,640.
P		Organizations that do not follow FASB ASC			,		
Ξ		and complete lines 29 through 33.	,	,			
Ģ	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				94,099,690.	32	113,182,076.
	33				127,024,002.	33	151,557,808.
	-				•	-	Form <b>990</b> (2021

Form **990** (2021)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION

Employer identification number

		THE	CATHOLIC CO	OMMUNITY FOUR	NDATIO	N		8	3-0400149
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section (	509(a)(3). (	Check the box on
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
6	a <u>L</u>		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
ı	o						-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus							
•			-					ly integrate	ed with,
	. —	its supported organization		•	•		•		
•	d							•	. ,
		that is not functionally int	•	• ,	•		•	an attentiv	/eness
		requirement (see instructi	·	-					
•	e	☐ Check this box if the orga					Type I, Type	ıı, туре ііі	
	e	functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported on the contraction of the following information or the following information or the contraction of t	•	d arganization(a)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see ir	structions)	support (see instructions)
_				above (see instructions))					
_									
Tot	al								

#### 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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
1	membership fees received. (Do not							
i	nclude any "unusual grants.")	5680359.	5308634.	10010395.	36715610.	<u> 16601243.</u>	74316241.	
2	Tax revenues levied for the organ-							
į	zation's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
1	furnished by a governmental unit to							
1	the organization without charge							
4	Total. Add lines 1 through 3	5680359.	5308634.	10010395.	36715610.	<u> 16601243.</u>	74316241.	
5	The portion of total contributions							
	by each person (other than a							
9	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.						74316241.	
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	5680359.	5308634.	10010395.	36715610.	16601243.	74316241.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	615,581.	1117166.	1032271.	1058556.	1303399.	5126973.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10						79443214.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and stop	here			••••		<b>&gt;</b>	
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	93.55 %	
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	93.10 %	
16a 🤅	<b>33 1/3% support test - 2021.</b> If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and	
:	stop here. The organization qualifies as a publicly supported organization							
	b 33 1/3% support test - 2020. 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 <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	ation			▶□	
	10% -facts-and-circumstances test							
;	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organia	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□	
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the							
	more, and if the organization meets th	e facts-and-circum	stances test, che	ck this box and st	<b>top here.</b> Explain i	n Part VI how the		
I	more, and if the organization meets th organization meets the facts-and-circu						<b>&gt;</b>	

Schedule A (Form 990) 2021

### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
00		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
461		
10b ule A (Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			-g
		The state of the s		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	rted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		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 governmental entity (see institution Text Access Visco Constitution (See Institution Constitution).	struction		
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		nese activities constituted substantially all of its activities.  e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Ła		
b		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		e 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.

	edule A (Form 990) 2021 THE CATHOLIC COMMUNITY			83-0400149 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

	emergency temporary reduction (see instructions).	5		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orgar	nization (see
	instructions).			

2

3

4 5

Schedule A (Form 990) 2021

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

e Excess from 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

THE CATHOLIC COMMUNITY FOUNDATION

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

Schedule B (Form 990) (2021)

83-0400149

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

### THE CATHOLIC COMMUNITY FOUNDATION

83-0400149

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
	REAL ESTATE	_	
1		_	
		\$\$,320,000.	11/15/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
2		_	
			08/03/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
3			
		\$\$	08/25/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
123/153 11-11	101	\$	Schedule R (Form 990) (2021)

Name of organization Employer identification number

	THOLIC COMMUNITY FOUN		83-0400149
rt III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	(a) through (e) and the following line entrest, charitable, etc., contributions of \$1,000 or leading to the state of \$1,000 or leading to the	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye y. For organizations  ess for the year. (Enter this info. once.)  \$\Bigsir \frac{1}{2} \Bigsir \Bigsir \frac{1}{2} \Bigsir \frac{1}{2} \Bigsir \Bigsir \frac{1}{2} \Bigsir \Bigsi
No. om art 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
No. om art 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
No. om art 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
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		I	
		(e) Transfer of gift	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION

**Employer identification number** 83-0400149

Par			Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	T I	(b) Funds and other accounts	
		<del>``</del>		
1	Total number at end of year	<u>11</u>		
2	Aggregate value of contributions to (during year)	7,387,401.	5,004,895.	
3	Aggregate value of grants from (during year)	1,870,454. 19,589,022.	268,160.	
4	Aggregate value at end of year	,	14,635,469.	
5	Did the organization inform all donors and donor advisors in visual donors and donor advisors in visual donors.	-		
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		·	
Par		ganization answered "Ves" on Form 900 Part		
1	Purpose(s) of conservation easements held by the organization		iv, me i.	
•	Preservation of land for public use (for example, recrea		istorically important land area	
	Protection of natural habitat	· —	ertified historic structure	
	Preservation of open space	Troscivation of a c	ortifica filotofio di actare	
2	Complete lines 2a through 2d if the organization held a qualif	fied 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	
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?	Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year	
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the	
Dar	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Treasures or Other	r Similar Assets	
ı uı	Complete if the organization answered "Yes" on Form		Offinal Assets.	
	<u> </u>		a alama a abaat waxka	
ıa	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put		erance or public	
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		nee shoot works of	
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in furtheral	rice of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial gai	····· · · · · · · · · · · · · · · · ·	
~	the following amounts required to be reported under FASB A	•	iii, provido	
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$	
	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021	

132051 10-28-21

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

	t III Organizations Maintaining C	ollections of Art				sets (contin		
3	•					•	ueu)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а								
	Scholarly research			nange program				
b	_ ′	е	Other					
C	Preservation for future generations					David VIII		
4	Provide a description of the organization's co					Part XIII.		
5	During the year, did the organization solicit of							
Par	to be sold to raise funds rather than to be material Escrow and Custodial Arrang						No	
ı aı	reported an amount on Form 990, Par		ete ii trie organizatio	n answered res (	on Form 990, Pari	t iv, line 9, or		
12	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	any for contributions	or other assets no	t included			
ıu	on Form 990, Part X?					Yes	☐ No	
h	If "Yes," explain the arrangement in Part XIII					103	140	
D	ii res, explain the arrangement iii art xiii a	and complete the lon	owing table.			Amount		
•	Reginning halance				1c			
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo				•	Yes	∐ No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in							
ı aı	Endownient i dida: Complete i	(a) Current year	(b) Prior year	(c) Two years back		nack (a) Four	years back	
	Danisa is a seferman hadana a	39,189,056.	37,131,946.				754,935.	
	Beginning of year balance	19,015,197.					464,607.	
	Contributions		1,282,811.		<del>                                     </del>			
	Net investment earnings, gains, and losses	5,727,729.	2,109,256.				047,916.	
	Grants or scholarships	2,115,491.	1,334,957.	1,145,094	1,440,8	01. 1,	082,847.	
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	61,816,491.	39,189,056.	37,131,946	. 28,105,9	83. 31,	184,611.	
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:				
	Board designated or quasi-endowment	45.2490	_%					
	Permanent endowment ► 49.8490	%						
С	Term endowment ► 4.9020	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for	the organization	_		
	by:						Yes No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the					•		
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part I	K, line 10.			
	Description of property	(a) Cost or of basis (investm	` '		Accumulated lepreciation	(d) Book	< value	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment	1 4 4 4 4	292.		102,292.		0.	
	Other		<b>-</b> -		,			
	. Add lines 1a through 1e. (Column (d) must e		V column (D) 1: 4:	I	<b>&gt;</b>		0.	
iota	- Add mies Ta tillough Te. (Column (a) Must e	uuai roiiii 990, Part A	<u>v. columni (B), line 10</u>	<i>JU.J.</i>	·····	ı		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE CATHOLIC	C COMMUNITY	FOUNDATION	83-0400149 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, Part X	x, line 12.
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) OWL CREEK SOCIALLY			
(B) RESPONSIBLE FUND, LTD.	1,503,461	• END-OF-YEAR	MARKET VALUE
(C) JPAS EMERGING MARKET	3,830,849	• END-OF-YEAR	MARKET VALUE
(D) JPAS CREDIT	3,557,471	• END-OF-YEAR	MARKET VALUE
(E) JPAS STRAGEGIC	2,375,564	• END-OF-YEAR	MARKET VALUE
(F) JPAS PRIVATE EQUITY	875,523	• END-OF-YEAR	MARKET VALUE
(G) JPAS REAL ASSETS	623,648	• END-OF-YEAR	MARKET VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,905,837	•	
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 (h) must equal Form 990, Part X, col. (R) 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) BENEFICIAL ENDOWMENT	38,077,907.
(3) AGENCY FUNDS	147,434.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 900, Part Y, col. (R) line 25.)	▶ 38,225,341.

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

95,226.

K1 EXPENSES

Schedule D (Form 990) 2021	THE CATHOLIC	COMMUNITY	FOUNDATION	83-0400149	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inf	ormation (continued)				
	(commod)				
,					

Part VII Investments - Other Securities. See Form 990, Part X, lin	ne 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
JPAS EARLY STAGE OPPORTUNITIES	428,290.	FMV
JPAS VENTURE CAPITAL	51,165.	FMV
JPAS IMPACT	1,659,866.	FMV

# SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nam	ie of the organization					Employer identi	fication number
гні	E CATHOLIC CO	MMUNITY I	FOUNDATIO	ON		83-04001	49
	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	<del>-</del>	-		ds to substantiate the amount of its gra			ı
	the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	」Yes        No
2	For grantmakers. Desc	ribe in Part V the	e organization's i	procedures for monitoring the use of its	grants and ot	her assistance out	side the
	United States.				<b>9</b>		
3	Activities per Region. (Th	ne following Part		n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
IOR:	TH AMERICA			INVESTMENT IN PARNTERSHIP	N/A		216,000.
3 a	Subtotal	0	0				216,000.
b	Total from continuation	0	0				0
_	sheets to Part I  Totals (add lines 3a	0	<u> </u>				0.
U	i otais (aud illies sa						216 000

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

Schedule F (Form 990) 2021

recipient who red	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			Lecognized as charities by the								
			or counsel has provided a sec								

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.									
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
		I	ı	l						

# Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

132075 12-20-21 Schedule F (Form 990) 2021

#### 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.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  THE CATHO	LIC COMMU	NITY FOUNDA	TION				Employer identification number 83-0400149
Part I General Information on Grants a							33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's property of the part II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than					arnzation answered	103 0111 01111 000, 1 411	. IV, IIIIC 21, IOI dily
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DIOCESE OF SAN JOSE (AND ITS PARISHES) - 1150 N 1ST ST STE 100 - SAN JOSE, CA 95112-4966	94-2734503	501(C)(3)	1,753,382.	0.			GENERAL FINANCIAL SUPPORT
CLEAR CREEK SERVICES INC 35525 NILES BLVD FREMONT, CA 94536	94-3338685	501(C)(3)	292,000.	0.			GENERAL FINANCIAL SUPPORT
SACRED HEART CHURCH 529 I ST PATTERSON, CA 95363	43-1989181	501(C)(3)	292,000.	0.			GENERAL FINANCIAL SUPPORT
SACRED HEART NATIVITY SCHOOL 310 EDWARDS AVE SAN JOSE, CA 95110-3005	95-2206754	501(C)(3)	227,947.	0.			GENERAL FINANCIAL SUPPORT
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER RD STE 200 - SAN JOSE, CA 95134-2130	94-2762269	501(C)(3)	197,636.	0.			GENERAL FINANCIAL SUPPORT
CRISTO REY SAN JOS JESUIT HIGH SCHOOL - PO BOX 5040 - SAN JOSE, CA 95150  2 Enter total number of section 501(c)(3) a	46-2594689		100,397.	0.			GENERAL FINANCIAL SUPPORT  69.

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

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

Schedule I (Form 990) 2021

,	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SAINT MARY'S COLLEGE OF CALIFORNIA								
1928 ST. MARY'S ROAD PMB 3554								
MORAGA, CA 94575	94-1156599	501(C)(3)	85,000.	0.			GENERAL FINANCIAL SUPPORT	
SECOND HARVEST OF SILICON VALLEY								
4001 N 1ST ST								
SAN JOSE, CA 95134	94-2614101	501(C)(3)	46,397.	0.			GENERAL FINANCIAL SUPPORT	
FELLOWSHIP OF CATHOLIC UNIVERSITY								
STUDENTS FOCUS - P.O. BOX 17408 -								
DENVER, CO 80217	84-1522811	501(C)(3)	45,000.	0.			GENERAL FINANCIAL SUPPORT	
			, -	-				
JESUITS WEST								
PO BOX 68								
LOS GATOS, CA 95031-0068	94-1156486	501(C)(3)	41,000.	0.			GENERAL FINANCIAL SUPPORT	
MARTHA'S KITCHEN 311 WILLOW ST								
SAN JOSE, CA 95110-3215	91-2091094	501 (C) (3)	35,673.	0.			GENERAL FINANCIAL SUPPORT	
BAN 000E, CA 93110 3213	J1 20J10J4	301(0)(3)	33,073.	<u> </u>			GENERAL FINANCIAL SUFFORT	
SANTA CLARA UNIVERSITY								
500 EL CAMINO REAL								
SANTA CLARA, CA 95053-0001	94-1156617	501(C)(3)	35,147.	0.			GENERAL FINANCIAL SUPPORT	
MADOUDEME INTUEDATEV								
MARQUETTE UNIVERSITY PO BOX 1881								
MILWAUKEE, WI 53201	39-0806251	501(C)(3)	32,500.	0.			GENERAL FINANCIAL SUPPORT	
NPH USA SOUTHWEST REGION								
5110 NORTH 40TH STREET, SUITE 100								
PHOENIX, AZ 85018-2143	65-1229309	501(C)(3)	30,000.	0.			GENERAL FINANCIAL SUPPORT	
THE BASIC FUND								
1301 CLAY STREET, #70450								
OAKLAND, CA 94612	94-3290699	501(C)(3)	30,000.	0.			GENERAL FINANCIAL SUPPORT	
			1 00,000.	<u> </u>	l .	L		

Schedule I (Form 990)

	4 ) = 1)	( ) 150			(6) 5.4 11 1 6		( ) 5
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE COLLEGE PREPARATORY							
960 W HEDDING ST							
SAN JOSE, CA 95126-1215	94-1160938	501(C)(3)	27,000.	0.			GENERAL FINANCIAL SUPPOR
FIRST CONGREGATIONAL CHURCH OF							
ALAMEDA - 1912 CENTRAL AVE -							
ALAMEDA, CA 94501	94-1422461	501(C)(3)	25,250.	0.			 GENERAL FINANCIAL SUPPO
CATHOLIC MEDICAL MISSION BOARD			1				
GIFT PROCESSING CENTER							
PO BOX 37041 - BOONE, IA							
50037-0041	13-5602319	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPO
COVENANT HOUSE CALIFORNIA							
1325 N. WESTERN AVENUE							
HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPOR
GLENMARY HOME MISSIONERS							
PO BOX 465618							
CINCINNATI, OH 45246	31-0537070	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPOR
ernermirit, on 15210	31 0337070	301(0)(3)	23,000.	••			DINDIGIT TIMESTED BOTTO
GOOD COUNSEL							
600 MEADOWLANDS PKWY, STE 251							
SECAUCUS, NJ 07094	22-2831271	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPO
HOUSING INDUSTRY FOUNDATION							
SOBRATO CENTER FOR NONPROFITS							
3460 W BAYSHORE RD STE 101 - PALO							
ALTO, CA 943	94-3100671	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPO
MARYKNOLL LAY MISSIONERS							
MISSION ADVANCEMENT OFFICE PO BOX 3				_			
MARYKNOLL, NY 10545	13-3864513	DUT(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPO
MISSION OF OUR LADY OF MERCY							
(MERCY HOME) - 1140 W JACKSON BLVD							
- CHICAGO, IL 60607	36-2171726	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPO

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CAMALDOLI HERMITAGE 62475 HIGHWAY 1 BIG SUR, CA 93920-9533	94-6050278	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPORT
SAINT LAWRENCE OF BRINDISI 10122 COMPTON AVE LOS ANGELES, CA 90002	95-1781350	501(C)(3)	25,000.	0.			GENERAL FINANCIAL SUPPORT
SACRED HEART COMMUNITY SERVICE 1381 S 1ST ST SAN JOSE, CA 95110-3431	23-7179787	501(C)(3)	24,750.	0.			GENERAL FINANCIAL SUPPORT
PRESENTATION HIGH SCHOOL 2281 PLUMMER AVE SAN JOSE, CA 95125-4700	94-1562816	501(C)(3)	23,500.	0.			GENERAL FINANCIAL SUPPORT
CATHOLIC CHARITIES SAN FRANCISCO, MARIN, SAN MATEO - 1555 39TH AVE - SAN FRANCISCO, CA 94122	94-1498472	501(C)(3)	21,000.	0.			GENERAL FINANCIAL SUPPORT
SAINT FRANCIS HIGH SCHOOL 1885 MIRAMONTE AVE MOUNTAIN VIEW, CA 94040-4098	94-1337628	501(C)(3)	20,000.	0.			GENERAL FINANCIAL SUPPORT
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	18,000.	0.			GENERAL FINANCIAL SUPPORT
ORDER OF MALTA - WESTERN ASSOCIATION - 610 16TH ST STE 410 - OAKLAND, CA 94612	23-7450840	501(C)(3)	17,000.	0.			GENERAL FINANCIAL SUPPORT
AMERICAN LEADERSHIP FORUM - SILICON VALLEY - 1400 PARKMOOR AVE, STE 280 - SAN JOSE, CA 95126	94-3092396	501(C)(3)	15,000.	0.			GENERAL FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES							
PO BOX 17090							
BALTIMORE, MD 21297	13-5563422	501(C)(3)	14,550.	0.			GENERAL FINANCIAL SUPPOR
HOWARD JARVIS TAXPAYERS FOUNDATION							
30100 TOWN CENTER DR #0-314							
LAGUNA NIGUEL, CA 92677	52-1155794	501(C)(3)	13,000.	0.			GENERAL FINANCIAL SUPPOR
NOTRE DAME HIGH SCHOOL							
596 S 2ND ST							
	94-1275235	E01/G\/3\	12 240	0.			CENEDAL ETNANCIAL CUDDOD
SAN JOSE, CA 95112-5707	94-12/5235	501(C)(3)	12,349.	0.			GENERAL FINANCIAL SUPPOR
IMMACULATE HEART RADIO							
P.O. BOX 10707							
GREEN BAY, WI 54307	68-0411982	501(C)(3)	12,200.	0.			GENERAL FINANCIAL SUPPOR
JESUIT HIGH SCHOOL							
1200 JACOB LANE							
CARMICHAEL, CA 95608	94-1525873	501(C)(3)	12,000.	0.			GENERAL FINANCIAL SUPPOR
GATNE DAVINONDO GARNOLTO GUIDOU							
SAINT RAYMONDS CATHOLIC CHURCH 1100 SANTA CRUZ AVE							
	94-1156739	501/0\/3\	12,000.	0.			GENERAL FINANCIAL SUPPOR
MENLO PARK, CA 94025	94-1130739	501(0)(3)	12,000.	0.			GENERAL FINANCIAL SUFFOR
STUDENTS FOR LIFE OF AMERICA							
1000 WINCHESTER ST STE 301							
FREDERICKSBURG, VA 22401-3838	52-1576352	501(C)(3)	11,500.	0.			GENERAL FINANCIAL SUPPOR
-							
ACE CHARTER SCHOOLS							
1100 SHASTA AVE, #250							
SAN JOSE, CA 95126	26-1570590	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPOR
CAMP MUDITUE							
CAMP THRIVE							
88 RACE ST	02 1122204	E01/Q\/2\	10 000	_			COMPONE ETNANCIAL CURRON
SAN JOSE, CA 95126	82-1132394	DOT(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPOR

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARMELITE SISTERS OF THE MOST SACRED HEART OF LOS ANGELES - 920 E ALHAMBRA RD - ALHAMBRA, CA 91801	95-2564138	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO ST SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI - 1505 NE 26TH ST - WILTON MANORS, FL 33305	59-1279497	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
CENTER FOR NEW AMERICAN SECURITY 1152 15TH ST NW, STE 950 WASHINGTON, DC 20005	20-8084828	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
COACHING CORPS 310 8TH ST, STE 300 OAKLAND, CA 94607	94-3310845	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
COUNCIL OF KOREAN AMERICANS 1875 K ST NW STE 400 WASHINGTON, DC 20006	27-3496925	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
GOLDEN HEART FUND 4949 MARIE P DEBARTOLO WAY SANTA CLARA, CA 95054	81-4595320	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
HOLY FAMILY HOSPITAL OF BETHLEHEM FOUNDATION - 2000 P ST NW STE 310 - WASHINGTON, DC 20036	52-2050117	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT
STERN GROVE FESTIVAL ASSOCIATION 832 FOLSTOM ST., STE 100 SAN FRANCISCO, CA 94107	94-6064356	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT

Schedule I (Form 990) THE CATHOD  Part II Continuation of Grants and Other A		NITY FOUNDA		vernments (Sch	adula I (Form 990) Pa		3-0400149 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN - 70 AUDUBON ST - NEW HAVEN, CT 06510	06-6032106	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPOR
THE SAN JOSE SPORTS AUTHORITY PO BOX 350 SAN JOSE, CA 95103	77-0269729	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPOR
CATHOLIC COMMUNITY FOUNDATION 777 N 1ST ST STE 490 SAN JOSE, CA 95112-6339	83-0400149	501(C)(3)	9,810.	0.			GENERAL FINANCIAL SUPPOR
CROSS CATHOLIC OUTREACH PO BOX 97168 WASHINGTON, DC 20090-7168	65-1156061		9,268.	0.			GENERAL FINANCIAL SUPPOR
LOAVES AND FISHES FAMILY KITCHEN 1500 BERGER DR. SAN JOSE, CA 95112	77-0370874	501(C)(3)	8,863.	0.			GENERAL FINANCIAL SUPPOR
PACIFIC LEGAL FOUNDATION 555 CAPITOL MALL, SUITE 1290 SACRAMENTO, CA 95814	94-2197343	501(C)(3)	8,000.	0.			GENERAL FINANCIAL SUPPOR
ST. VINCENT DE PAUL SANTA CLARA COUNTY - PO BOX 5579 - SAN JOSE, CA 95150-5579	94-1358301	501(C)(3)	8,000.	0.			GENERAL FINANCIAL SUPPOR
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	7,500.	0.			GENERAL FINANCIAL SUPPOR
CATHOLIC NEAR EAST WELFARE ASSOCIATION CNEWA - 1011 FIRST AVE - NEW YORK, NY 10022	13-1623929	501(C)(3)	7,500.	0.			GENERAL FINANCIAL SUPPOR

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT ST. JOSEPH CARMELITE MONASTERY - P. O. BOX 3420 - SAN JOSE, CA 95156	94-6087494	501(C)(3)	7,500.	0.			GENERAL FINANCIAL SUPPORT
CITYTEAM MINISTRIES 2306 ZANKER RD SAN JOSE, CA 95131-1115	94-1501265	501(C)(3)	7,400.	0.			GENERAL FINANCIAL SUPPORT
CATHOLIC CHARITIES USA 2050 BALLENGER AVE SUITE 400 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	7,000.	0.			GENERAL FINANCIAL SUPPORT
LABRADOR RETRIEVER RESCUE OF FRESNO - PO BOX 1484 - CLOVIS, CA 93613	27-3741358	501(C)(3)	6,500.	0.			GENERAL FINANCIAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,250.	0.			GENERAL FINANCIAL SUPPORT
COVIA FOUNDATION 2185 N CALIFORNIA BLVD STE 215 WALNUT CREEK, CA 94596	46-0502111	501(C)(3)	6,000.	0.			GENERAL FINANCIAL SUPPORT
GUADALUPE HOPE SOCIETY 100 O'CONNOR DR STE 1 SAN JOSE, CA 95128	46-0765798	501(C)(3)	6,000.	0.			GENERAL FINANCIAL SUPPORT
SCORE 455 MARKET ST, STE 600 SAN FRANCISCO, CA 94105	52-1067290	501(C)(3)	6,000.	0.			GENERAL FINANCIAL SUPPORT
SUTTER BAY MEDICAL FOUNDATION 795 EL CAMINO REAL PALO ALTO, CA 94301	94-1156581	501(C)(3)	6,000.	0.			GENERAL FINANCIAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals.  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	
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.		
PART I, LINE 2:						
THE FOUNDATION REQUIRES ANNUAL REPO	ORTS FROM	MOST GRAN	T RECIPIEN	TS TO		
CONFIRM HOW THE FUNDS WERE SPENT.	MANY OF	THE GRANTS	ALSO REQU	IRE A		
MID-YEAR REPORT TO CHECK THE PROGRE	ESS OF TH	E PROGRAM.				
FOR DONOR ADVISED FUND GRANTS, THE	FOUNDATI	ON'S GRANT	S PROGRAM	MANAGER DOES		
RESEARCH AND DUE DILIGENCE BEFORE T	THE ISSUA	NCE OF A G	RANT.			

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE CATHOLIC COMMUNITY FOUNDATION

Employer identification number 83-0400149

Pa	art I Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provide	d any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide ar				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiz	zation follow a written policy regarding payment or			
	•	ped above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbu				
	-	tor, regarding the items checked on line 1a?	2	Х	
	, , ,	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization us	sed to establish the compensation of the organization's			
		ck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, be				
	Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part	VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	•			
а	Receive a severance payment or change-of-control payment	ent?	4a		Х
b	Participate in or receive payment from a supplemental no				Х
С	Participate in or receive payment from an equity-based co	ompensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide t	the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organize	zations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		. <u>5a</u>		X
b	Any related organization?		. 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		. 6a		<u> </u>
			. 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1				
		III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid o	or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section		8		X
9	If "Yes" on line 8, did the organization also follow the rebu	uttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		1

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

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARY QUILICI AUMACK	(i)	259,000.	15,000.	0.	10,960.	12,648.	297,608.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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_	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE EXECUTIVE COMMITTEE IS CHARGED WITH THE
RESPONSIBILITY OF DETERMINING APPROPRIATE COMPENSATION.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

THE CATHOLIC COMMUNITY FOUNDATION

Employer identification number 83-0400149

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	20	2,325,697.	FAIR MARKET	VALUE	3
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
40	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	X	1	4,320,000.	FAIR MARKET	VALUE	3
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organization						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>			_
					1	Yes	No No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		ll contribution, and	which isn't required to be us	ed for		37
	exempt purposes for the entire holding period?					30a	<u> </u>
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				ions'?	31 X	+
32a	Does the organization hire or use third parties of contributions?		•	cit, process, or sell noncash		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

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## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION

**Employer identification number** 83-0400149

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RELIGIOUS, CHARITABLE AND OTHER ORGANIZATIONS COMPRISING THE CATHOLIC
COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHERS
EXPENSES \$ 413,749. INCLUDING GRANTS OF \$ 353,037. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BISHOP OF THE DIOCESE OF SAN JOSE CAN APPOINT UP TO ONE BOARD MEMBER
LESS THAN A MAJORITY.
FORM 990, PART VI, SECTION A, LINE 8B:
COMMITTEES MAKE VERBAL AND WRITTEN REPORTS TO THE FULL BOARD. MINUTES ARE
RECORDED FOR ALL BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE BEFORE
PRESENTATION TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
EMPLOYEES SIGN TO CONFIRM RECEIPT AND ACCEPTANCE OF THE EMPLOYEE MANUAL.
THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM.
FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** THE CATHOLIC COMMUNITY FOUNDATION 83-0400149 THE BOARD RESEARCHED SIMILAR ORGANIZATIONS IN THE AREA TO DETERMINE REASONABLE SALARIES IN ADDITION TO THE UTILIZATION OF SALARY SURVEYS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PUBLISHES THEIR FINANCIAL STATEMENTS ALONG WITH KEY POLICIES ON THEIR WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: IMPAIRMENT OF REAL ESTATE HELD FOR SALE -720,000. FORM 990 PART XII, LINE 2C THE AUDIT COMMITTEE IS APPOINTED BY THE BOARD TO ASSIST IT IN DISCHARGING ITS OVERSIGHT RESPONSIBILITIES. THE AUDIT COMMITTEE WILL OVERSEE THE FINANCIAL REPORTING PROCESS TO ENSURE THE BALANCE, TRANSPARENCY AND INTEGRITY OF PUBLISHED FINANCIAL INFORMATION. THE AUDIT COMMITTEE WILL ALSO REVIEW: 1) THE EFFECTIVENESS OF THE FOUNDATION'S INTERNAL FINANCIAL CONTROL AND RISK MANAGEMENT SYSTEM; 2) THE INDEPENDENT AUDIT PROCESS, INCLUDING RECOMMENDING THE APPOINTMENT AND ASSESSING THE PERFORMANCE OF THE EXTERNAL AUDITOR; 3) THE FOUNDATION'S PROCESS FOR MONITORING COMPLIANCE WITH LAWS AND REGULATIONS AFFECTING FINANCIAL REPORTING AND ITS CODE OF CONDUCT.