Form 990

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. 2023 Open to Public Inspection

Inter	nal Reve	Bervice Go to www.irs.gov/Form990 for instructions and the lates	st information.	Inspection
A	For the	2023 calendar year, or tax year beginning and ending		
Β	Check if applicabl	C Name of organization	D Employer identific	cation number
ć				
	Addre	THE CATHOLIC COMMUNITY FOUNDATION		
	Name chang	e Doing business as	83-04001	49
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final return	777 N. 1ST ST. 490	(408) 99	
	termir ated		G Gross receipts \$	42,563,977.
	Amen	SAN UUSE, CA 95112	H(a) Is this a group re	
		F Name and address of principal officer: MAKI QUILICI ADMACK	for subordinates	
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex		527 If "No," attach a	list. See instructions
	Vebsi		H(c) Group exemption	
			/ear of formation: 2004 N	I State of legal domicile: C2
Pá	art I	Summary		
đ	1	Briefly describe the organization's mission or most significant activities: THE CATH		
u C		FOUNDATION FACILITATES IMPACTFUL GRANTMAKING		
arne	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
Š	3			15
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)		15
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		6
Viti	6	Total number of volunteers (estimate if necessary)		16
Activities & Governance	7 a			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	6,278,735.	13,224,395.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
3eV	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-153,475.	1,047,933.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,969.	-25,702.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,107,291.	14,246,626.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,920,338.	10,073,507.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	773,806.	728,898.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ăX	. b	Total fundraising expenses (Part IX, column (D), line 25) 440,076.	0.00	1 000 140
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	936,860.	1,022,142.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,631,004.	11,824,547.
		Revenue less expenses. Subtract line 18 from line 12	-2,523,713.	2,422,079.
Net Assets or			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	131,022,050.	154,485,161.
at As	21	Total liabilities (Part X, line 26)	31,880,026.	41,940,696.
		Net assets or fund balances. Subtract line 21 from line 20	99,142,024.	112,544,465.
	art II	Signature Block		
IInd	or none	Ities of perjury. I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of my	knowledge and helief it is

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

Sign	Signature of officer	Date
Here	MARY QUILICI AUMACK, CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	PETER J. MALUTTA PETER J. MALUTTA	10/24/24 self-employed P00445699
Preparer	Firm's name DELUCCHI HAWN, LLP	Firm's EIN 94-2847272
Use Only	Firm's address 333 W. SANTA CLARA ST. STE 750	
	SAN JOSE, CA 95113-1716	Phone no. 408 - 286 - 2200
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) THE CATHOLIC COMMUNITY FOUNDATION 83-0400149 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CATHOLIC COMMUNITY FOUNDATION FACILITATES IMPACTFUL GRANTMAKING
	AND COLLABORATION BY CONNECTING GENEROUS DONORS WITH EFFECTIVE
	MINISTRIES, PROGRAMS, AND ORGANIZATIONS.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,002,989. including grants of \$ 7,444,514.) (Revenue \$)
	FOR THE SUPPORT OF DONOR ADVISED FUNDS AND GRANTING TO CHARITABLE
	ORGANIZATION
4b	(Code:) (Expenses \$1,409,442. including grants of \$1,311,087.) (Revenue \$)
	FOR THE SUPPORT OF DIOCESAN PROGRAM & DEPARTMENTS OF THE DIOCESE OF SAN
	JOSE
4c	(Code:) (Expenses \$1,007,495. including grants of \$937,188.) (Revenue \$)
	SUPPORT OF CATHOLIC PARISHES AND MINISTRIES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 409,278 · including grants of \$ 380,718 ·) (Revenue \$)
4e	Total program service expenses 10,829,204.
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 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	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		x	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	~	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	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	o		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	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, VII, 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.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? 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		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		<u> </u>
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		<u>X</u>
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u></u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
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
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		<u> </u>
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			<u></u>
	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? If			
	"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		X
с	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 noncash 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			
02		32		x
22	Schedule N, Part II	52		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		165	No
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
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Par	t 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,			
		6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	<u></u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3 b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. <u>4a</u>		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).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		x
a ⊾	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			
u o	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С		7c		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	·		<u> </u>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1	1

If "Yes," complete Form 6069.

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	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15							
	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 direct 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 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14						
D.		7b		x				
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		- 23				
		0-	Х					
a L	The governing body?	8a 01-		x				
-	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
<u> </u>	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		х					
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	hle				
10	for public inspection. Indicate how you made these available. Check all that apply.	Only)	avana	510				
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fines						
19		inano	Jal					
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	$\frac{\text{THE ORGANIZATION} - 408.995.5219}{777 \text{ N} 100 \text{ CM} 400 \text{ CM} 1000 \text{ CM} 10000 \text{ CM} 1000 \text{ CM} 1000 \text{ CM} 10000 \text{ CM} 1000 \text{ CM} 10000 \text{ CM} 1000 \text{ CM} 10000 \text{ CM} 10000 C$							
	777 N. 1ST ST., 490, SAN JOSE, CA 95112	-	000	(0.0-				
332006	12-21-23	Form	990	(2023				
	7							

THE CATHOLIC COMMUNITY FOUNDATION

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2023)

2023.04030 THE CATHOLIC COMMUNITY FO 31565__1

83-0400149 Page 6

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	(C) Positi (do not check mo box, unless perso officer and a dire			than d is both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
<pre>(1) MARY QUILICI AUMACK CEO</pre>	40.00			x				279,720.	0.	29,396.
(2) JIM CASHMAN	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(3) CHARMAINE WARMENHOVEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) TOM CROTTY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BERTHA MINNIHAN	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) DOUG HANSEN	1.00									_
BOARD MEMBER		х						0.	0.	0.
(7) RAYMOND J. TRIPLETT	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) C.S. PARK	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) STEVE BARONI	1.00								0	0
BOARD MEMBER	1 0 0	X				_		0.	0.	0.
(10) JENNIFER CUNEEN	1.00	v						0	0	0
BOARD MEMBER (11) BRAD BARON	1.00	Х				-		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) ANNE MILLIGAN	1.00	^				-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) PAUL NORMANDIN	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(14) DON MCGOVERN	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) PATRICK WAITE	1.00									
TREASURER		x		x				0.	0.	0.
(16) PAUL GENTZKOW	1.00									
BOARD MEMBER		x						0.	0.	0.
(17) ANDY ALVES	1.00									
BOARD MEMBER		х						0.	0.	0.

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332007 12-21-23

Form **990** (2023)

	990 (2023) THE CATHO	DLIC COM	IMU	ΝI	ΤY	F	UO	NE	DATION	83-04	<u>00</u>	149	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable		Fs	timate	ed
		hours per		not ch , unles					compensation	compensation	n		nount	
		week		cer an					from	from related	I		other	
		(list any	ctor						the	organizations	I		pensa	
		hours for	r dire				æ		organization	(W-2/1099-MIS	C/	fr	om th	е
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	I trus	nal tri		oyee	d mo		1099-NEC)			and	d relat	ed
		below	ndividual trustee or director	nstitutional trustee	er	Key employee	lest c	ner				orga	inizati	ons
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
											-+			
											-+			
1b	Subtotal								279,720.		0.	2	9,3	96.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								279,720.		0.	2	9,3	96.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	[
	line 1a? If "Yes," complete Schedule J for s	uch individual		-	•							3		Х
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a													
Ŭ	rendered to the organization? If "Yes," com											5		x
Sec	tion B. Independent Contractors		<u>; </u>	JI SU	CIŢ	Jers	011 .				····	v		
1	Complete this table for your five highest co	mnensated ind	ana	ndor	nt cc	ontre	actor	re th	nat received more than \$	100 000 of comp	onsat	ion fro	m	
•	the organization. Report compensation for	•	•							•	CIISAI		,,,,,	
		ine calendar ye	ear e	nuin	y w	iun c								
	(A) Name and business	address	NC	ONE	•				(B) Description of s	ervices	С	(C omper		n
			INC						2000.10.000					
								_						
								_						
2	Total number of independent contractors (in		ot lin	nited	l to 1	-	•	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organized	zation				C	J						000	

Form **990** (2023)

332008 12-21-23

						С	COMMUNITY	FOUNDATIC	ON	83-0400	149 Page 9
Pa	rt \	VIII	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse	or note to any line	in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
6 0	1	1 a Federated campaigns 1a									30010113 012 014
Contributions, Gifts, Grants and Other Similar Amounts											
ی ق			Fundraising events				14,500.				
fts,			Related organizations								
nia:			Government grants (contr								
Sin			All other contributions, gifts,								
her		•	similar amounts not included				13,209,895.				
ot		g	Noncash contributions included in			3	2,084,295.				
Cor		•						13,224,395.			
							Business Code				
Ð	2	a									
Ś		b									
Sei		с									
am		d									
Program Service Revenue	1	е				_					
Ā		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3	;	Investment income (includ	ding	dividends, ir	ntere	st, and				
			other similar amounts)					2,343,169.	2,343,169.		
	4		Income from investment of	of tax	-exempt bo	nd p	roceeds				
	5	5	Royalties	· · · · · · · ·							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)							
	7	a	Gross amount from sales of	_	(i) Securit		(ii) Other				
			assets other than inventory	7a	27,010,1	.57.					
đ		a	Less: cost or other basis	76	28,305,3	103					
svenue		_	and sales expenses		-1,295,2						
			Gain or (loss)					-1,295,236.	-1295236.		
ar Re			Net gain or (loss) Gross income from fundraisi			······		1,255,250.	1155150;		
Other	0	a	including \$								
0			contributions reported on								
			Part IV, line 18		,	8a	0.				
		b	Less: direct expenses			8b	11,958.				
			Net income or (loss) from					-11,958.			-11,958.
	9		Gross income from gamin								
			Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10	a	Gross sales of inventory, I	less r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b	1				
		с	Net income or (loss) from	sales	s of inventor	у					
s							Business Code				
Miscellaneous Revenue	11	а	K1-JPAS ILLIQUID ASS	SETS	5		900001	-13,744.	-13,744.		
scellaneo Revenue		b					ļ				
Sev.		С					-				
Ris	1		All other revenue				L				
	<u> </u>		Total. Add lines 11a-11d					-13,744.	1 001 105		11.050
	12		Total revenue. See instruction	ons				14,246,626.	1,034,189.	0.	-11,958.
33200)9 12	2-21-	23								Form 990 (2023)

332009 12-21-23

Form 990 (2023)

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 complete column (A).

7b, 8k 1 () 2 () 1 () 2 ()	Check if Schedule O contains a respon of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7b, 8k 1 () 2 () 1 () 2 ()	b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rrustees, and key employees Compensation not included above to disqualified	10,073,507.	expenses	Management and general expenses	
2 (i 3 (4 E 5 (4 C 7 (and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, crustees, and key employees Compensation not included above to disqualified		·		
2 (i 3 (4 E 5 (4 C 7 (and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, crustees, and key employees Compensation not included above to disqualified		10,073,507.		
2 (i 3 (4 E 5 (4 E 5 (1 6 (7 (Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified				
3 (i 4 E 5 (f 6 (7 (Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, crustees, and key employees Compensation not included above to disqualified	279 720			
i 4 E 5 (6 (7 (organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	279 720			
i 4 E 5 (6 (7 (ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified	270 720			
4 E 5 (6 (7 (Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified	270 720			
5 (6 (7 (Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified	279 720			
6 (6 7 7	rustees, and key employees	270 720			
6 (Compensation not included above to disqualified	270 720			
ר ק ק		413,140.		97,902.	181,818.
ہ 7 (
7 (persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
8 1	Other salaries and wages	333,339.	59,310.	164,540.	109,489.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	74,051.	6,699.	35,813.	31,539.
	Payroll taxes	41,788.	4,043.	17,889.	19,856.
	Fees for services (nonemployees):				
al	Management	16 800		16 800	
bl	_egal	16,720.		16,720.	
	Accounting	43,700.		43,700.	
	_obbying				
	Professional fundraising services. See Part IV, line 17	E10 1E0	E10 1E0		
	nvestment management fees	519,159.	519,159.		
-	Other. (If line 11g amount exceeds 10% of line 25,	110 510	2 000	102 212	10 017
	column (A), amount, list line 11g expenses on Sch 0.)	<u>118,510.</u> 39,634.	<u>3,880.</u> 700.	<u>102,313.</u> 2,436.	<u>12,317.</u> 36,498.
	Advertising and promotion	4,437.	509.	2,430.	1,538.
	Office expenses	52,283.	5,065.	31,917.	15,301.
	nformation technology	52,205.	5,005.	51,517.	15,501.
	Royalties	39,999.	5,333.	18,555.	16,111.
	Decupancy	2,568.	5,555.	2,568.	10,111.
	Travel Payments of travel or entertainment expenses	2,500:		2,500.	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
		25,970.	25,970.		
	nterest Payments to affiliates	_0,5.00			
	Depreciation, depletion, and amortization				
	nsurance	13,191.	1,693.	6,055.	5,443.
	Other expenses. Itemize expenses not covered		,		
2	above. (List miscellaneous expenses on line 24e. If				
l a	ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	K1-JPAS ILLIQUID ASSETS	120,443.	120,443.		
-	MISCELLANEOUS	14,929.	12.	9,281.	5,636.
c I	PRINTING AND POSTAGE	8,634.	916.	3,188.	4,530.
dÌ	K1-JPAS SEMI LIQUID	1,965.	1,965.		
e /	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,824,547.	10,829,204.	555,267.	440,076.
26 .	Joint costs. Complete this line only if the organization				
r	reported in column (B) joint costs from a combined				
e	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				Faura 990 (0000)

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332010 12-21-23

Form 990 (2023)

THE CATHOLIC COMMUNITY FOUNDATION

	n 990 (; rt X	2023) THE CATHOLIC C Balance Sheet	83-	0400149 Page 11			
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
			<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments		530,368.	2	378,320.	
	3	Pledges and grants receivable, net			7,648,556.	3	13,313,403.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges		16,089.	9	19,746.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	102,292.			
	b	Less: accumulated depreciation	10b	102,292.	0.	10c	0.
	11	Investments - publicly traded securities			103,646,767.	11	
	12	Investments - other securities. See Part IV, line 1			19,038,985.	12	21,945,318.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4.44 0.05	14	100.000		
	15	Other assets. See Part IV, line 11	141,285.	15	123,039.		
	16	Total assets. Add lines 1 through 15 (must equa			131,022,050.	16	154,485,161.
	17	Accounts payable and accrued expenses	133,450.	17	132,491.		
	18	Grants payable				18	3,000.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete R				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-				
		of Schedule D	-	31,746,576.	25	41,805,205.	
	26	Total liabilities. Add lines 17 through 25			31,880,026.	26	41,940,696.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	41,025,662.	27	42,731,243.		
Bal	28	Net assets with donor restrictions	58,116,362.	28	69,813,222.		
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ъ.		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmer	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			99,142,024.	32	112,544,465.
	33	Total liabilities and net assets/fund balances			131,022,050.	33	154,485,161.

Form 990 (2023)

Form	1990 (2023) THE CATHOLIC COMMUNITY FOUNDATION	83-	0400149	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,24	6,6	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,82	4,5	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,42	2,0	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,14	2,0	24.
5	Net unrealized gains (losses) on investments	5	10,98	0,3	62.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	112,54	4,4	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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
2023
Open to Public Inspection

Employer identification number 83 - 0400149

Name of the o	organization
---------------	--------------

a far l	Durklin	Ohawite Ctatur					
	THE	CATHOLIC	COMMU	NITY	FOUND	DATION	
ation							

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C		c	•				
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	ν).		
7	X								
		section 170(b)(1)(A)(vi). (C	•		5		5		
8	\square	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org			-	ed in coniu	nction with a land-grant	college	
		or university or a non-land-				-	-	-	
		university:				·····, ··· ,	g-		
10	\square	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s, membership fees, and	d aross receipts from	
		activities related to its exem							
		income and unrelated busir		•	. ,		••	•	
		See section 509(a)(2). (Co		,		·	, ,		
11		An organization organized a	. ,	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or	
		more publicly supported or	-	•			· · ·		
		lines 12a through 12d that							
а		Type I. A supporting orga						giving	
		the supported organization	-		• • •	-			
		organization. You must c			, ,				
b		Type II. A supporting org	-		tion with it	s supporte	d organization(s). by hav	vina	
	-	control or management o	-					-	
		organization(s). You mus			•		0 11		
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functionally integrate	d with,	
		its supported organization							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			
f	Ent	er the number of supported o	organizations						
g		vide the following informatior							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				1	1			1	

Schedule	A (Form 990) 2023
Part II	Support Sch

THE CATHOLIC COMMUNITY FOUNDATION

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>10010395.</u>	<u>36715610.</u>	16601243.	6278735.	13226420.	82832403.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10010395.	<u>36715610.</u>	16601243.	6278735.	13226420.	82832403.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						82832403.
	ction B. Total Support	1		1	[
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	10010395.	<u>36715610.</u>	16601243.	6278735.	13226420.	82832403.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1032271.	1058556.	1303399.	1875049.	2365266.	7634541.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						90466944.
12			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
-	organization, check this box and sto						
	ction C. Computation of Publ		-				01 50
	Public support percentage for 2023 (•	(7)		14	<u>91.56 %</u>
	Public support percentage from 2022					15	92.14 %
16a	33 1/3% support test - 2023. If the						77
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the						
47.	and stop here. The organization qua						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	-		• • • •	•		L
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circ		•				
IÖ	Private foundation. If the organization	DIT UIU HOL CHECK A		a, 100, 17a, or 170	, check this box a		
						Schedule A	(Form 990) 2023

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THE CATHOLIC COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	LION A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1		-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6				_		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	3 12-21-23					Sched	dule A (Form 990) 2023

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

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Schedule A (Form 990) 2023

THE CATHOLIC COMMUNITY FOUNDATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

	porteu organ	12011011131.	
Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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11c

1

2

1

Yes No

Yes No

Yes No

Iu	Type in Non Tunetionally integrated boo(d)(b) Support	ng organi	Lations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023 THE CATHOLIC COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

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THE CATHOLIC COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.	-	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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Schedule A		HE CATHOLIC				0149 Pa
	Supplemental Informa Part IV, Section A, lines 1, 2,	3b, 3c, 4b, 4c, 5a, 6, 9a	i, 9b, 9c, 11a, 11b, a	and 11c; Part IV, Sec	tion B, lines 1 and 2; Part IV	, Section C,
	line 1: Part IV. Section D. line	es 2 and 3: Part IV. Secti	on E. lines 1c. 2a. 2	b. 3a. and 3b: Part V	. line 1: Part V. Section B. lii	ne 1e: Part V.
	Section D, lines 5, 6, and 8; a (See instructions.)	and Part V, Section E, lir	nes 2, 5, and 6. Also	complete this part for	or any additional informatior).
32028 12-21-2	3				Schedule /	A (Form 990)
2020 12-21-2	~		21		Schedule A	. ₍ . 5/11/330)
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

C.

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

ATHOLIC	COMMUNITY	FOUNDATION	

83-0400149

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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).

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

THE C.	ATHOLIC COMMUNITY FOUNDATION	83-0400149	
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
1	SECURITIES		
		\$360,1 ⁻	<u>. 08/14/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	l listo received
2	SECURITIES		
		\$39,52	<u>02/21/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	l listo received
3	SECURITIES		
		\$\$	90. 12/14/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
4	SECURITIES		
		\$256,12	20. 06/26/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
23453 12-26	5-23		Schedule B (Form 990) (202

Name of organization

Employer identification number

Schedule B (Form 990) (2023)

14221024 140074 31565

2023.04030 THE CATHOLIC COMMUNITY FO 31565__1

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Schedule I	B (Form 990) (2023)			Page 4			
Name of o	organization			Employer identification number			
THE C	ATHOLIC COMMUNITY FOUND	ATION		83-0400149			
Part III		ons to organizations described ir					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year. (Enter this inf	o. once.) \$			
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZI P + 4	Relationship of t	transferor to transferee			
		[
()							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Parti							
		(e) Transfer of	gift				
	Transferee's name, address, a	nd 7 ID ± 4	Relationship of t	transferor to transferee			
-							
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I							
		(e) Transfer of	lgift				
·	Transferee's name, address, a	nd ZI P + 4	Relationship of t	transferor to transferee			
(a) No. from			()) D				
Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
	·						
	(e) Transfer of gift						
			J				
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee			
323454 12-26	h-23			Schedule B (Form 990) (2023)			

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90)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	THE CATHOLIC COMMUN		83-0400149			
Par			counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6				
			(b) Funds and other accounts			
1	Total number at end of year	96	18			
2	Aggregate value of contributions to (during year)	5,563,249.	101,580.			
3	Aggregate value of grants from (during year)	7,444,514.	396,600.			
4	Aggregate value at end of year	17,540,540.	14,325,193.			
5	Did the organization inform all donors and donor advisors in v					
	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		•			
	impermissible private benefit?					
Par		panization answered "Yes" on Form 990. Part IV.				
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (for example, recrea	· · · · ·	prically important land area			
	Protection of natural habitat	Preservation of a certi	• •			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation easement on the last			
2	day of the tax year.		Held at the End of the Tax Year			
•			2a			
a h	- · · · · · · · · · · · · · · · · · · ·		2b			
b		ucture included on line 20	20 2c			
C d	Number of conservation easements on a certified historic stru Number of conservation easements included on line 2c acqu					
d	•					
2	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during the tax			
	year	annach is le satad				
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
~	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conservatio	in easements during the year			
7	Amount of evenences incurred in monitoring increasing band	lling of violations, and enforcing concernation as	comparts during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and enforcing conservation eas	sements during the year			
0	Does each conservation easement reported on line 2d above	a_{1}				
8						
•	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 footn	lote to the organization's financial statements that	at describes the			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other S	imilar Assets			
1 41	Complete if the organization answered "Yes" on Form					
-	· · · · · · · · · · · · · · · · · · ·					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pub	, ,	ice of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		•			
-						
2	If the organization received or held works of art, historical treater and the second sec		provide			
	the following amounts required to be reported under FASB A	-				
a	Revenue included on Form 990, Part VIII, line 1					
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023			
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		HOLIC COMM				83-04			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant u	ise of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's exe	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran					Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa		C C						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributio	ns or other assets no	t included				
	on Form 990, Part X?	•	•				Yes		No
b	If "Yes," explain the arrangement in Part XIII							-	
			g				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				<u>1</u> f				
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.]		1
Par					10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	59,747,282.	61,816,491.			31,946.		-	983.
b	Contributions	1,797,748.	9,989,714.			82,811.	,		320.
	Net investment earnings, gains, and losses	7,754,675.	-9,361,040.			09,256.			737.
	Grants or scholarships	2,233,493.	2,697,883.			34,957.			094.
d		2,200,200	2,027,000		_,	-,	-,	,	
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	67,066,212.	59,747,282.	61,816,491.	39.19	39,056.	37	1 3 1	946.
g	End of year balance			•	55,10	,050.	57,	<u> </u>	540.
2	Provide the estimated percentage of the curr	24.8000		ii) heid as:					
a	Board designated or quasi-endowment Permanent endowment 75.0700		_%						
a	1200	%							
с		%							
•	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for t	ne		Г	Yes	No
	organization by:							165	X
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	u .	wment funds.						
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		Dert IV line 11e (Can Farm 000 Dart V	line 10				
			<u>, ,</u>	í	,	.	<i>.</i>		
	Description of property	(a) Cost or o			Accumulate	d	(d) Book	c valu	е
		basis (investn	Dasis	(other) d	epreciation				
	Land								
b	Buildings								
	Leasehold improvements	100	202		100 00				
	Equipment		292.		102,29	12.			0.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>X. line 10c. column</u>	<u>(B)</u>)					0.
					:	Schedule	D (Form	990)	2023

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) De	SCription of Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Fina	ancial derivatives			
(2) Clo	sely held equity interests			
(3) Oth				
	JPAS EMERGING MARKET	5,994,534.	END-OF-YEAR MARKE	T VALUE
\rightarrow	JPAS CREDIT	4,265,828.	END-OF-YEAR MARKE	T VALUE
	JPAS STRAGEGIC	3,606,400.	END-OF-YEAR MARKE	
	JPAS PRIVATE EQUITY	1,532,546.	END-OF-YEAR MARKE	
\rightarrow	JPAS REAL ASSETS	2,436,490.	END-OF-YEAR MARKE	
	JPAS EARLY STAGE			
	OPPORTUNITIES	418,094.	END-OF-YEAR MARKE	T VALUE
	JPAS VENTURE CAPITAL	425,069.	END-OF-YEAR MARKE	
	Col. (b) must equal Form 990, Part X, line 12, col. (B))	21,945,318.		
Part	VIII Investments - Program Related.	21,945,510.		
	Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1c. See Form 990. Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	Col. (b) must equal Form 990, Part X, line 13, col. (B))			
	IV Other Acceto			
Part		n Form 000 Part IV line 1	1d Cap Form 000 Part V line 15	
	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	
Part	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
Part (1)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) [Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	Complete if the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered state of the organization and the organization answered state of the organization and the organization answered state of the organization and the organization answered state of the organization and the organiza	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	Complete if the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered state of the organization and the organization and the organization answered state of the organization and the organization	Description		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. Complete if the organization answered "Yes" of Complete if the organization and Comp	Description		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	Complete if the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered "Yes" of a second state of the organization answered state of the organization and the organization and the organization answered state of the organization and the organization	Description		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes	Description		25. (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT	Description		25. (b) Book value 41,552,529.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2) (3)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS	Description (B)) In Form 990, Part IV, line 1		25. (b) Book value 41,552,529. 144,517.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2) (3)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT	Description (B)) In Form 990, Part IV, line 1		25. (b) Book value 41,552,529. 144,517. 39,958.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2) (3)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS	Description (<i>B</i>)) on Form 990, Part IV, line 1 S – ST		25. (b) Book value 41,552,529. 144,517.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (2) (3) (4)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS OPERATING LEASE LIABILITIE	Description (<i>B</i>)) on Form 990, Part IV, line 1 S – ST		25. (b) Book value 41,552,529. 144,517. 39,958.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS OPERATING LEASE LIABILITIE	Description (<i>B</i>)) on Form 990, Part IV, line 1 S – ST		25. (b) Book value 41,552,529. 144,517. 39,958.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (5) (6)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS OPERATING LEASE LIABILITIE	Description (<i>B</i>)) on Form 990, Part IV, line 1 S – ST		25. (b) Book value 41,552,529. 144,517. 39,958.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (7) (6) (7) (8)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS OPERATING LEASE LIABILITIE	Description (<i>B</i>)) on Form 990, Part IV, line 1 S – ST		25. (b) Book value 41,552,529. 144,517. 39,958.
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (7) (8) (5) (6) (7) (8) (9) (9)	Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes BENEFICIAL ENDOWMENT AGENCY FUNDS OPERATING LEASE LIABILITIE	Description (B)) on Form 990, Part IV, line 1 S-ST S-LT		25. (b) Book value 41,552,529. 144,517. 39,958.

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) 2023 THE CATHOLIC COMMUNITY FOUNDATION Part VII Investments - Other Securities

	dule D (Form 990) 2023 THE CATHOLIC COMMUNITY FOUNI				0400149 Page 4			
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			-				
1	Total revenue, gains, and other support per audited financial statements			1	24,559,451.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments		10,980,362.	4				
b	Donated services and use of facilities	2b		4				
с	Recoveries of prior year grants	2c		_				
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	10,980,362.			
3	Subtract line 2e from line 1			3	13,579,089.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	519,159.	4				
b	Other (Describe in Part XIII.)	4b	148,378.					
с	Add lines 4a and 4b			4c	667,537.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	14,246,626.			
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per F	Retur	n			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	11,157,010.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
с	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	0.			
3	Subtract line 2e from line 1			3	11,157,010.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	519,159.					
b	Other (Describe in Part XIII.)	4b	148,378.					
с	Add lines 4a and 4b			4c	667,537.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,824,547.			
Par	t XIII Supplemental Information							
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inf	ormation.					

PART V, LINE 4:

	IN	SUPPORT	OF	ORGANIZATIONS	AND	PROGRAMS	IMPROVING	COMMUNITY	THROUGH
--	----	---------	----	---------------	-----	----------	-----------	-----------	---------

RELIGIOUS, EDUCATIONAL AND CHARITABLE ACTIVITIES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

K1 INCOME

PART XII, LINE 4B - OTHER ADJUSTMENTS:

<u>K1 EXPENSES</u>

332054 09-28-23

148,378.

148,378.

	(Form 990) 2023
Dart XIII	Supplemen

	continuea)		
322055 00.28 22			Schedule D (Form 990) 2023
332055 09-28-23		21	

Part VII Investments - Other Securities. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
JPAS IMPACT	3,266,357.	EOY MARKET VALUE			

Schedule D (Form 990)

Department of the Treasury	Attach to Form 990.					Open	to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspec	tion
Name of the organization					Employer	identific	ation number
THE CATHOLIC CC	MMUNITY 1	FOUNDATIO	ON		83-04	00149)
Part I General Info Form 990, Part I		ctivities Out	side the United States. Compl	ete if the organ	ization answ	/ered "Ye	es" on
		n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,		
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	···· 🗆 ۲	res 🗌 No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsid	le the
			n be duplicated if additional space is r				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service e specific typ (s) in the reg	e, be	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND							
THE CARIBBEAN -							
ANTIGUA & BARBUDA,							
ARUBA, BAHAMAS,			INVESTMENT IN PATNERSHIP	N/A			6,601,000.
							<u> </u>
3 a Subtotal	0	0					6,601,000.
b Total from continuation sheets to Part I	0	0					0.
c Totals (add lines 3a	0	0					6,601,000.
and 3b)	0	0					J, JOT, 000.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Schedule F (Form 990) 2023

THE CATHOLIC COMMUNITY FOUNDATION

83-0400149

Part II 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 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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

83-0400149

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 additional space is needed.

(a) Type of grant or assistance	(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)

Schedule F (Form 990) 2023

Schedule F		1010		CATHOLIC	COMMUNITY	FOUNDATION	
Part IV	Foreign	Forms	3				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X 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 the 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

83-0400149 _F	age 5
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				COMMUNITY	FOUNDATION	
Part V	Supplemental	Inforr	nation			

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

332075 11-29-23		 Schedule F (Form 990) 2023
	37	OMMIINTTY FO 31565
21024 140074 31565	2023 04030	

SCHEDULE I		Grants and C	Other Assistan	ce to Organ	izations.		OMB N	o. 1545-0047
(Form 990)	C	Governments,	and Individual	s in the Ŭni	ted States		2	023
Department of the Treasury	0		Attach to Form				Open	to Public
Internal Revenue Service		Go to www	v.irs.gov/Form990 for		ation.		-	pection
Name of the organization			0				Employer identifica	tion number
U	HE CATHOLIC CON	MUNITY FOUNI	DATION					400149
Part I General Information	on on Grants and Assistand	e						
1 Does the organization ma	aintain records to substantiat	e the amount of the gra	ints or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the	e grants or assistance?						X Yes	No
2 Describe in Part IV the or	ganization's procedures for r	nonitoring the use of gra	ant funds in the United	States.				
	Assistance to Domestic Or	-			anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient that receiv	ved more than \$5,000. Part I	can be duplicated if ac	ditional space is need	ed.	(6) Mothod of	1	1	
1 (a) Name and address of or government		(c) IRC section (if applicable)		(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assista	
DIOCESE OF SAN JOSE (ANI	D. TTTS							
PARISHES) - 1150 N 1ST S								
- SAN JOSE, CA 95112-496		503 501(C)(3)	2,042,507.	0.			GENERAL SUPPORT	
,,								
ACE CHARTER SCHOOLS								
1100 SHASTA AVE #250								
SAN JOSE, CA 95126	26-1570	590 501(C)(3)	10,000.	Ο.			GENERAL SUPPORT	
ALZHEIMER'S ASSOCIATION								
225 NORTH MICHIGAN AVE H								
CHICAGO, IL 60601-7633	13-3039	601 501(C)(3)	5,250.	0.			GENERAL SUPPORT	
AMERICAN LEADERSHIP FOR								
SILICON VALLEY - 1400 PA		396 501(C)(3)	E E00	0			CENEDAL GUDDOD	
AVE, STE 280 - SAN JOSE	, CA 95126 94-3092	396 SUI(C)(3)	5,500.	0.			GENERAL SUPPORT	
BELLARMINE COLLEGE PREPA	ΔΡΔΨΟΡΥ							
960 W HEDDING ST	ANATONI							
SAN JOSE, CA 95126-1215	94-1160	938 501(C)(3)	41,900.	0.			GENERAL SUPPORT	
,,,								
BOY SCOUTS OF AMERICA, S	SILICON							
VALLEY MONTEREY BAY COUN								
W JULIAN ST - SAN JOSE,	CA 95126 94-1156	254 501(C)(3)	8,850.	0.			GENERAL SUPPORT	
2 Enter total number of sec	tion 501(c)(3) and governme	nt organizations listed ir	n the line 1 table					

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

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

THE CATHOLIC COMMUNITY FOUNDATION Schedule I (Form 990) .

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Schedule I (Form 990) IFE CATHO.	LIC COMMO.	NIII FOUNDA	IION				53-0400149 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CANYON HEIGHTS ACADEMY							
775 WALDO RD							
CAMPBELL, CA 95008-4638	77-0540593	501(C)(3)	8,750.	0.			GENERAL SUPPORT
CAMPBELL, CA 95008-4058	11-0340393	501(0)(3)	8,750.	0.			SENERAL SUFFORI
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 SUPPORT
,,							
CATHEDRAL SCHOOL FOR BOYS							
1275 SACRAMENTO ST							
SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES HAWAII			,				
DEVELOPMENT OFFICE							
1822 KEEAUMOKU STREET - HONOLULU,							
HI 96822	99-0073547	501(C)(3)	38,500.	0.			GENERAL SUPPORT
			,				
CATHOLIC CHARITIES OF SANTA CLARA							
COUNTY - 2625 ZANKER RD STE 200 -							
SAN JOSE, CA 95134-2130	94-2762269	501(C)(3)	137,790.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE							
OF MONTEREY - 922 HILBY AVE STE C							
- SEASIDE, CA 93955	77-0042961	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES SAN FRANCISCO,							
MARIN, SAN MATEO - 1555 39TH AVE -							
SAN FRANCISCO, CA 94122	94-1498472	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC NEAR EAST WELFARE							
ASSOCIATION - 1011 FIRST AVE - NEW							
YORK, NY 10022	13-1623929	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CATHOLIC RELIEF SERVICES							
PO BOX 5200	12 5562466		10.000				
HARLAN, IA 51593-0700	13-5563422	POT(C)(3)	10,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE CATHOLIC COMMUNITY FOUNDATION Schedule I (Form 990) .

		NIII FOUNDA					53-0400149 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
ITYTEAM MINISTRIES							
2306 ZANKER RD							
SAN JOSE, CA 95131-1115	94-1501265	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CLEAR CREEK SERVICES INC. 35525 NILES BLVD FREMONT, CA 94536	94-3338685	501(C)(3)	358,950.	0.			GENERAL SUPPORT
,							
COLUMBIA RIVER MARITIME MUSEUM 1792 MARINE DR							
ASTORIA, OR 97103	93-0509906	501(C)(3)	5,000,000.	0.			GENERAL SUPPORT
COUNCIL OF KOREAN AMERICANS 1100 15TH ST NW STE 400							
WASHINGTON, DC 20005	27-3496925	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COVENANT HOUSE CALIFORNIA 1325 N. WESTERN AVENUE	13-3391210	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HOLLYWOOD, CA 90027	13-3391210	501(0)(3)	25,000.	0.			GENERAL SUPPORT
CRISTO REY SAN JOSE JESUIT HIGH SCHOOL - PO BOX 5040 - SAN JOSE,							
CA 95150	46-2594689	501(C)(3)	148,992.	0.			GENERAL SUPPORT
CROSS CATHOLIC OUTREACH PO BOX 97168							
WASHINGTON, DC 20090-7168	65-1156061	501(C)(3)	7,000.	0.			GENERAL SUPPORT
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD.							
ERLANGER, KY 41018	26-4549213	501(C)(3)	5,400.	0.			GENERAL SUPPORT
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS FOCUS - P.O. BOX 17408 -							
DENVER, CO 80217	84-1522811	501(C)(3)	22,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) THE CATHOLIC COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

83-0400149 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
GOLDEN HEART FUND							
4350 LA JOLLA VILLAGE DR, STE 1000							
SAN DIEGO, CA 92122	81-4595320	501(C)(3)	20,000.	0.			GENERAL SUPPORT
,			,				
GOOD COUNSEL							
600 MEADOWLANDS PKWY, STE 251							
SECAUCUS, NJ 07094	22-2831271	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HARVEY MUDD COLLEGE							
301 PLATT BLVD.							
CLAREMONT, CA 91711	95-1911219	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOLY FAMILY HOSPITAL OF BETHLEHEM							
FOUNDATION - 2000 P ST NW STE 310							
- WASHINGTON, DC 20036	52-2050117	501(C)(3)	150,000.	0.			GENERAL SUPPORT
HOUSING INDUSTRY FOUNDATION							
SOBRATO CENTER FOR NONPROFITS							
3460 W BAYSHORE RD STE 101 - PALO	04.0400674						
ALTO, CA 94	94-3100671	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HOWARD JARVIS TAXPAYERS FOUNDATION							
23986 ALISO CREEK RD., #214							
LAGUNA NIGUEL, CA 92677	52-1155794	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INGONA NIGOLI, CA 52077	52 1155754	501(0)(5)	10,000.	••			SENERAL SUFFORT
HUNGER AT HOME							
1560 BERGER DR SUITE 490							
SAN JOSE, CA 95112	47-5462753	501(C)(3)	11,000.	0.			GENERAL SUPPORT
,			, •				
IOLANI SCHOOL							
563 KAMOKU ST							
HONOLULU, HI 96826	99-0073502	501(C)(3)	10,000.	0.			GENERAL SUPPORT
· · · · ·							
JAMESTOWN COMMUNITY CENTER							
2929 19TH ST							
SAN FRANCISCO, CA 94110	94-3213124	501(C)(3)	78,542.	0.			GENERAL SUPPORT

Schedule I (Form 990) THE CATHOLIC COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(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
JESUIT HIGH SCHOOL							
1200 JACOB LANE							
CARMICHAEL, CA 95608	94-1525873	501(C)(3)	14,000.	0.			GENERAL SUPPORT
······································			,				
JESUITS WEST							
PO BOX 68							
LOS GATOS, CA 95031-0068	94-1156486	501(C)(3)	26,250.	0.			GENERAL SUPPORT
			, , , , , , , , , , , , , , , , , , ,				
LOAVES AND FISHES FAMILY KITCHEN							
1500 BERGER DR.							
SAN JOSE, CA 95112	77-0370874	501(C)(3)	21,350.	0.			GENERAL SUPPORT
MARQUETTE UNIVERSITY							
PO BOX 7013							
CAROL STREAM, IL 60197-7013	39-0806251	501(C)(3)	22,500.	0.			GENERAL SUPPORT
MARTHA'S KITCHEN							
311 WILLOW ST							
SAN JOSE, CA 95110-3215	91-2091094	501(C)(3)	27,800.	0.			GENERAL SUPPORT
NTGGION OF OUR LARK OF NERGY							
MISSION OF OUR LADY OF MERCY							
(MERCY HOME) - 1140 W JACKSON BLVD	36-2171726	F(1/2)/2	25 000	0			
- CHICAGO, IL 60607	36-21/1/26	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NA KEIKI MAULOA							
1411 OILI LOOP							
HONOLULU, HI 96816	56-2673378	501(C)(3)	25,000.	0.			GENERAL SUPPORT
	20 20/00/0		20,000.				borrowi
NOTRE DAME SAN JOSE							
596 S 2ND ST							
SAN JOSE, CA 95112-5707	94-1275235	501(C)(3)	14,924.	0.			GENERAL SUPPORT
OUR LADY OF THE ANGELS			,				
REGIONAL OFFICE							
5835 W SLAUSON AVE - CULVER CITY,							
CA 90230-6505	95-1642382	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) THE CATHOLIC COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(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
PACIFIC LEGAL FOUNDATION							
555 CAPITOL MALL, SUITE 1290							
SACRAMENTO, CA 95814	94-2197343	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PALO ALTO MEDICAL FOUNDATION							
795 EL CAMINO REAL							
PALO ALTO, CA 94301	94-1156581	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PRESENTATION HIGH SCHOOL							
2281 PLUMMER AVE							
SAN JOSE, CA 95125-4700	94-1562816	501(C)(3)	16,400.	0.			GENERAL SUPPORT
RELEVANT RADIO							
680 BARCLAY BLVD							
LINCOLNSHIRE, IL 60069	39-2003067	501(C)(3)	12,200.	0.			GENERAL SUPPORT
SACRED HEART CHURCH							
529 I ST							
PATTERSON, CA 95363	43-1989181	501(C)(3)	358,950.	0.			GENERAL SUPPORT
	45 1505101	501(0/(3)	330,930.	0.			SENERAL SUFFORT
SACRED HEART NATIVITY SCHOOL							
310 EDWARDS AVE							
SAN JOSE, CA 95110-3005	95-2206754	501(C)(3)	203,488.	0.			GENERAL SUPPORT
,			, ,				
SAINT LAWRENCE OF BRINDISI							
10122 COMPTON AVE							
LOS ANGELES, CA 90002	95-1781350	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SAINT MARY'S COLLEGE OF CALIFORNIA							
1928 SAINT MARYS RD PMB 3554							
MORAGA, CA 94575	94-1156599	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SANTA CLARA UNIVERSITY							
500 EL CAMINO REAL							
SANTA CLARA, CA 95053	94-1156617	501(C)(3)	55,992.	0.			GENERAL SUPPORT

THE CATHOLIC COMMUNITY FOUNDATION

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Schedule I (Form 990) THE CATHOLIC COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							83-0400149 Pag		
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	mestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SECOND HARVEST OF SILICON VALLEY 4001 N 1ST ST SAN JOSE, CA 95134	94-2614101	501(C)(3)	25,988.	0.			GENERAL SUPPORT		
SILICON VALLEY COMMUNITY FOUNDATION - PO BOX 889235 - LOS ANGELES, CA 90088-9235	20-5205488	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
SISTERS OF THE HOLY FAMILY PO BOX 3248 PREMONT, CA 94539-0324	94-1156657	501(C)(3)	10,701.	0.			GENERAL SUPPORT		
SISTERS OF THE HOLY NAMES OF JESUS MARY - PO BOX 907 - LOS GATOS, CA 95031-0907	20-4366910	501(C)(3)	7,500.	0.			GENERAL SUPPORT		
SOVEREIGN ORDER OF MALTA - WESTERN ASSOCIATION - 610 16TH ST STE 410 - OAKLAND, CA 94612	23-7450840	501(C)(3)	9,453.	0.			GENERAL SUPPORT		
SPARK SF PUBLIC SCHOOLS 35 VAN NESS AVE, RM 119 SAN FRANCISCO, CA 94102	47-4568396	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
T FRANCIS HIGH SCHOOL 885 MIRAMONTE AVE NOUNTAIN VIEW, CA 94040-4098	94-1337628	501(C)(3)	13,150.	0.			GENERAL SUPPORT		
ST RAYMONDS CATHOLIC CHURCH .100 SANTA CRUZ AVE MENLO PARK, CA 94025	94-1156739	501(C)(3)	6,000.	0.			GENERAL SUPPORT		
ST. JOSEPH FINANCIAL SERVICES 1400 E ANGELA BLVD #175 SOUTH BEND, IN 46617	83-2660738	501(C)(3)	250,000.	0.			GENERAL SUPPORT		

THE CATHOLIC COMMUNITY FOUNDATION Schedule I (Form 990) .

(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
ST. ROBERT CHURCH							
1380 CRYSTAL SPRINGS RD							
SAN BRUNO, CA 94066	94-1437729	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SANTA CLARA							
COUNTY - PO BOX 5579 - SAN JOSE,							
CA 95150-5579	94-1358301	501(C)(3)	7,250.	0.			GENERAL SUPPORT
THE BASIC FUND							
1301 CLAY STREET, #70450							
DAKLAND, CA 94612	94-3290699	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE CATHOLIC COMMUNITY FOUNDATION							
777 N. FRIST STREET, SUITE 490	02 0400140	F01 (g) (2)	0.540	0			
SAN JOSE, CA 95112	83-0400149	501(C)(3)	9,540.	0.			GENERAL SUPPORT
THE DALLAS FOUNDATION							
3000 PEGASUS PARK DR STE 930							
DALLAS , TX 75247	75-2890371	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE JW HOUSE							
850 HOMESTEAD RD							
SANTA CLARA, CA 95051 - SANTA	20 2024560	E01(0)(2)	E 800	0			
CLARA, CA 95051	20-2034560	501(C)(3)	5,800.	0.			GENERAL SUPPORT
HE SAN JOSE SPORTS AUTHORITY							
PO BOX 350							
SAN JOSE, CA 95103	77-0269729	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NUMBER TO TOWER SOUNDATION							
UNNEL TO TOWERS FOUNDATION 1361 HYLAN BLVD							
TATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.	0.			GENERAL SUPPORT
,,,				••			
NIVERSITY OF NEBRASKA FOUNDATION							
O BOX 82555							
INCOLN, NE 68501-2555	47-0379839	501(C)(3)	35,000.	Ο.			GENERAL SUPPORT

Schedule I (Form 990) THE CATHOLIC COMMUNITY FOUNDATION

(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
VIA REHABILITATION SERVICES INC							
350 TWIN DOLPHIN DR STE 123							
REDWOOD CITY, CA 94065	94-1212130	501(C)(3)	5,200.	0.			GENERAL SUPPORT
NORLD AFFAIRS COUNCIL OF NORTHERN							
CALIFORNIA - 312 SUTTER STREET,							
SUITE 312 - SAN FRANCISCO, CA							
94108	94-1156356	501(C)(3)	10,000.	0.			GENERAL SUPPORT
4100	54 1150550	501(0/(5/	10,000.	•.			SENERAL SOFFORT
KAVIER MISSION FUND							
732 W COAL MINE AVE STE 733							
ITTLETON, CO 80123	87-3431369	501(C)(3)	6,500.	٥.			GENERAL SUPPORT
OUNG CATHOLIC PROFESSIONALS	07-5451505	501(0)(3)	0,500.	0.			GENERAL SUFFORI
ILLICON VALLEY - 1200 FRANKLIN							
ALL							
	81-3433923	E01(C)(2)	7,260.	0.			CENEDAL CUDDODM
PO BOX 1213 - SANTA CLARA, CA	01-3433923	501(C)(3)	7,200.	U.			GENERAL SUPPORT

332102 11-01-23

THE CATHOLIC COMMUNITY FOUNDATION Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of nonrecipients cash grant cash assistance

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

PART I, LINE 2:

Schedule I (Form 990) 2023

Part III can be duplicated if additional space is needed.

Part III

THE FOUNDATION REQUIRES ANNUAL REPORTS FROM MOST GRANT RECIPIENTS TO

CONFIRM HOW THE FUNDS WERE SPENT. MANY OF THE GRANTS ALSO REQUIRE A

MID-YEAR REPORT TO CHECK THE PROGRESS OF THE PROGRAM.

FOR DONOR ADVISED FUND GRANTS, THE FOUNDATION'S GRANTS PROGRAM MANAGER DOES

RESEARCH AND DUE DILIGENCE BEFORE THE ISSUANCE OF A GRANT.

83-0400149

Page 2

SC	HEDULE J		OMB No. 1	1545-004	47	
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	n n	
		Compensated Employees		20	ZJ)
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization			identificatio		mber
		THE CATHOLIC COMMUNITY FOUNDATION	83-0	040014	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	SHLO			
	Compensation					
	·	compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittoo			
			Ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	•	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5b		X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
_		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				- v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?			- 000	
⊦or	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

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	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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.	20,720.	0.	0.	29,396.	309,116.	0.	
СЕО	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(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

Art - Historical treasures

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.

Name of the organization

Part I

1

2 3

THE CATHOLIC COMMUNITY FOUNDATION **Types of Property**

Employer identification number 83-0400149

(a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 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	19	2,08	4,295.	FAIR	MARKET	VA]	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
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 organi	zation during	g the tax year for co	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement	. 29					
									Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, li	ines 1 throug	h 28, tha	t it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required	d to be used	for				
	exempt purposes for the entire holding period	?						30a		X
b	If "Yes," describe the arrangement in Part II.									

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

31 х

32a

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LHA 332141 09-11-23

describe in Part II.

<u>Schedule M</u>	(Form 990) 2023	THE	CATHOLIC	COMMUNITY	FOUNDATION	83-0400149	Page 2
Part II	Supplemental	l Inforr t I, colun	nation. Provide	the information rea	uired by Part I. lines 30	Db, 32b, and 33, and whether the organizat eived, or a combination of both. Also comp	ion
32142 09-11-2	3					Schedule M (Form	990) 202
				5	2		

14221024 140074 31565

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.



Department of the Treasury Internal Revenue Service Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION

83-0400149

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

CONNECTING GENEROUS DONORS WITH EFFECTIVE MINISTRIES, PROGRAMS, AND

ORGANIZATIONS.

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

OTHERS

EXPENSES \$ 409,278. INCLUDING GRANTS OF \$ 380,718. 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:

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

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 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.

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332212 11-14-23