# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calend	dar year, or tax year beginning , 2020, and ending		,	20
В	Check	if applicable:	С	D En	nployer identi	fication number
	А	ddress change	CATHOLIC COMMUNITY FOUNDATION OF SAN	4	7-4949	185
	$\square_{N}$	lame change	DIEGO		ephone numb	
		nitial return	4747 MORENA BLVD. #300	8	58-397	-9700
	-	nal return/terminated	SAN DIEGO, CA 92117		30 331	3100
		mended return		G Gr	oss receipts	25,090,480.
	$\vdash$	pplication pending	F Name and address of principal officer:	(a) Is this a group		
	Ш	pplication pending		(b) Are all subordir		H H
_	Tav	-exempt status:	X   501(c)(3)   501(c) ( )   4947(a)(1) or   527	If "No," attach	a list. See ins	tructions
<u>'</u>				(c) Group exemption	an number	
K						
		n of organization:		n: 2015	IVI State of I	egal domicile: CA
Pa	art I	Summar Priofly dosori	<b>y</b> pe the organization's mission or most significant activities:TO_RECEIVE	MANIACE	CAFEC	TADD AND CDOM
	1	TMVECTME	NTS THAT SUPPORT ORGANIZATIONS AND DONORS CARRY	, MANAGE,	JA1AC TM TUT	JAKU AND GROW
Activities & Governance		CATHOLIC	NIS INAI SUPPORI ORGANIZATIONS AND DONORS CARR.	TING DOT .	THE WIS	STON OF OOK
nar		CHIHOTIC		<del></del> -		
Ver	2	Check this ho	x F if the organization discontinued its operations or disposed of mor	e than 25% of	its net ass	
ဇ္ဗ	3		ting members of the governing body (Part VI, line 1a)			15
•ಶ	4		dependent voting members of the governing body (Part VI, line 1b)			15
ties:	5		of individuals employed in calendar year 2020 (Part V, line 2a)			4
⋛	6		of volunteers (estimate if necessary)			37
Ac			ed business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Ye		Current Year
Revenue	8	Contributions	and grants (Part VIII, line 1h)		5,602.	2,844,194.
	9		ice revenue (Part VIII, line 2g)		1,118.	430,093.
	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,498.	150,276.
ш	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.404.500
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,218.	3,424,563.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	886	5,235.	1,221,853.
	14		to or for members (Part IX, column (A), line 4)			
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	303	3,143.	378,233.
nse	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ► 171, 648.			
Ú	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	168	3,909.	184,797.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,287.	1,784,883.
	19	Revenue less	expenses. Subtract line 18 from line 12		5,931.	1,639,680.
ъ ў				Beginning of Cu		End of Year
ets E	20	Total assets (	(Part X, line 16)	68,037		80,037,722.
Ass	21	Total liabilitie	s (Part X, line 26)	61,957		71,616,435.
Net Assets of	22	Net assets or	fund balances. Subtract line 21 from line 20	6.080	0,046.	8,421,287.
Pa	art II	Signatur		0,000	7,010.	0,121,2011
Und	er pena	Ities of periury. I de	clare that I have examined this return, including accompanying schedules and statements, and to the	e best of my knowle	edge and belie	ef. it is true, correct, and
com	plete. D	Declaration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge.	, , ,		, , ,
Sic	an	Signatu	re of officer	Date		
Sig	re	▶ BRIZ	AN CASTER	PRESIDEN'	Г	
		Type or	print name and title			
		Print/Type p	reparer's name Preparer's signature Date	Check	if	PTIN
Pa	id	CHRIST	OPHER M. ROBERTS CHRISTOPHER M. ROBERTS	self-em	ployed	P00235008
	epar					
Us	e Or	ily Firm's addre		Firm's	EIN ► 33-	-0783983
			SAN DIEGO, CA 92103	Phone		·615-5380
Ма	y the	IRS discuss th	is return with the preparer shown above? See instructions	1 1		X Yes No

Par	נ ווו	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly	/ describe the organization's mission:	Δ
•		SCHEDULE O	
2		e organization undertake any significant program services during the year which were not listed on the prior	7 v 🗔 v
		990 or 990-EZ?	Yes X No
3		e organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		s," describe these changes on Schedule O.	
4	Descr	ibe the organization's program service accomplishments for each of its three largest program services, as meas	sured by expenses.
	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the evenue, if any, for each program service reported.	ne total expenses,
	and it	venue, il any, for each program service reported.	
4 a	(Code	: ) (Expenses \$ 1,319,721. including grants of \$ 1,221,853.) (Revenue \$	430,093.)
		SCHEDULE O	130,033.
	<u> </u>	201122012 10	
		·	
4 b	(Code	: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		·	
4 c	(Code	::) (Expenses \$ including grants of \$) (Revenue \$	)
4 d	Other	program services (Describe on Schedule O.)	
	(Ехре		)
4 e	Total	program service expenses  1.319.721	

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
Ł	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.	11 b	Х	
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	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	11 f	X	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
k	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		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
15	at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
	or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

# Form 990 (2020) CATHOLIC COMMUNITY FOUNDATION OF SAN Part IV Checklist of Required Schedules (continued)

			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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	0
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
RΛ			aan (	,3U3U,

CATHOLIC COMMUNITY FOUNDATION OF SAN

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	of If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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)?	4 a		Х
t	olf '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).			
5 -	New the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Form 8282?	7с		Χ
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
٠	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
Ł	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 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? ... SEE SCHEDULE 0 Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?.... X 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... \_\_\_\_\_ Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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) available for public inspection. Indicate how you made these available. Check all that apply 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 financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

STE 300 SAN DIEGO CA 92117 858-397-9700

RYAN DOUGLAS 4747 MORENA BLVD,

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See 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.										
				(C)						
(A) Name and title	(B) Average hours per week	is	both dir	(do no box, an o ector/	fficer truste			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	icer	Key employee	Highest compensated employee	Former			and related organizations
_(1) GARY RECTENWALD EXECUTIVE DIR.	$-\frac{40}{0}$			X				140,036.	0.	7,861.
(2) MSGR. STEVEN F. CALLAHAN	1							110,000.	0.	7,001.
PRESIDENT	0	X		X				0.	0.	0.
(3) SUSAN CARTER	11									
TREASURER	0	X		Χ				0.	0.	0.
(4) BRIAN CASTER	1_									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(5) JAMES "BUDDY" THOMAS TRUSTEE	0	v						0	0	0
(6) MARK NEILSON	1	Х						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(7) DEAN DWYER	1									
TRUSTEE	0	Χ						0.	0.	0.
(8) JANINE MASON	1									
TRUSTEE	0	Χ						0.	0.	0.
(9) JAIME HONOLD	1									
TRUSTEE	0	Χ						0.	0.	0.
(10) VIVIANA HONOLD SECRETARY	$-\frac{1}{0}$	Х		Х				0	0	0
(11) BRYAN GANNON	1	Λ		Λ				0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(12) MSGR. MARK CAMPBELL	1	- 11						0.	0.	<u> </u>
TRUSTEE	0	Х						0.	0.	0.
(13) THOMAS SCHOETTLE	1									
TRUSTEE	0	Χ						0.	0.	0.
(14) KAREN CONDE	1									
TRUSTEE	0	Χ						0.	0.	0.

Part VII	Section A. Officers, Directo	rs, Trustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees (continued)
		(B)			((	•					
	(A) Name and title	Average hours per	box	, unle	ss pe	erson	than is both or/trus	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount
		week (list any hours	or d	İnsti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization
		for related	Individual trustee or director	nstitutional trustee	<u>e</u>	Key employee	nest c	ner			and related organizations
		organiza - tions below	or this	tal tr		loye	ompo				
		dotted line)	stee	ustee			Highest compensated employee				
	NICHOLAS DEMPSEY	1							0		
	STEE ER MARLOW	0 1	Х						0.	0.	0.
TRU (17)	STEE	0	X						0.	0.	0.
										4	
(18)										7	
(19)											
(20)											
(21)								~	(/		
(22)							<	Ś			
(23)											
(24)						) ~					
(24)			6								
(25)		<i>G</i>									
1 b Subte	otal							<b>&gt;</b>	140,036.	0.	7,861.
	from continuation sheets to Part VI							<b>&gt;</b>	0.	0.	0.
	(add lines 1b and 1c)number of individuals (including but no							<b>▶</b>	140,036.	0.	7,861.
	the organization 1	t imited to triose i	istea	abov	ve) \	WHO	recer	veu	more than \$100,00	o or reportable comp	pensation
											Yes No
3 Did the on line	ne organization list any <b>former</b> office ne 1a? <i>If 'Yes,' complete Schedule J</i>	er, director, truste for such individu	ee, ke <i>ial</i>	ey er	mplo	oyee	e, or	higl	nest compensated	employee	. <b>3</b> X
4 For a the o	ny individual listed on line 1a, is the rganization and related organization	sum of reportab s greater than \$1	le co 50,0	mpe 00?	ensa If '}	tion	and com	oth	er compensation te Schedule J for	from	
such 5 Did a	individual	or accrue comper	 Isatic	on fro	 om	 anv	 unre	 late	ed organization or	individual	
for se	ervices rendered to the organization?  B. Independent Contractors	If 'Yes,' comple	te S	ched	lule	J fo	rsuc	h p	erson		. <b>5</b> X
1 Comp	olete this table for your five highest of	compensated ind	epen	dent	COI	ntra	ctors	tha	t received more the	han \$100,000 of	
comp	ensation from the organization. Report (A) Name and busine	· · · · · · · · · · · · · · · · · · ·	trie c	aieni	uar	year	enan	ng v	Description of		(C) Compensation
	ivallie and busine	ess address							Description	or services	Compensation
0 T.	no make an est inches a malante a la l	المستقدية المستقدية	(ka -1 -1	a II	'	lia!	ام ا		uda variori	Alban	
	number of independent contractors (inc, 000 of compensation from the organ	-	ned t	u tno	se I	ustec	abo	ve)	wito received more	uidfi	
DAA		<del>-</del>									Farm 000 (2020)

# Form 990 (2020) CATHOLIC COMMUNITY FOUNDATION OF SAN 47-4949185 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue ns, Gifts, Grants Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations . . . . . . . . 1 d e Government grants (contributions) . . . .

Contributions and Other Sir	_	similar amounts not included above 1 f  Noncash contributions included in lines 1a-1f 1 g  Table Add lives 1a-1a 16	2,844,194. 526,245.				
	n	Total. Add lines 1a-1f	Business Code	2,844,194.			
Program Service Revenue	2a	MANACEMENT FEE INCOME	900099	430,093.	430,093.		
ě	b	MANAGEMENT FEE INCOME	900099	430,093.	430,093.	1	
S	c					4	
eNi	d					·	
S E	е						
grai	f	All other program service revenue					
윤	g	Total. Add lines 2a-2f		430,093.			
	3	Investment income (including dividends, in	nterest, and	200,000			
		other similar amounts)		68,390.			68,390.
		Income from investment of tax-exempt	·				
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses 6b  Rental income or (loss) 6c					
		Net rental income or (loss)		)			
		(i) Securities	(ii) Other				
		Gross amount from sales of assets					
	h	other than inventory Less: cost or other basis					
	D	and sales expenses 7b 21665917	$C_1$				
	С	Gain or (loss) 7c 81,886					
	d	Net gain or (loss)		81,886.			81,886.
<u>o</u>	8 a	Gross income from fundraising events					
ᇍ		(not including \$					
Other Revenue		of contributions reported on line 1c).					
æ		See Part IV, line 18					
		Less: direct expenses 81	-				
O		Net income or (loss) from fundraising e	events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	h	Less: direct expenses 91					
		Net income or (loss) from gaming activ					
		Gross sales of inventory, less					
	ıva	returns and allowances 10a	a				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inve	ntory				
3			Business Code				
g 9	11 a						
<u>e</u> <u>e</u>	11a b c d						
	C	All other revenue					
Revenue			<b>&gt;</b>				
		Total. Add lines 11a-11d		2 121 562	120 002	0	150 276
ВАА		Total Tevenue. See Instructions	· ·	3,424,563.	430,093.	0.	150,276. Form <b>990</b> (2020)

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,221,853.	1,221,853.	3 1	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	192,560.	38,512.	57,768.	96,280.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	150,051.	31,614.	88,234.	30,203.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	130,031.	31,014.	00,234.	30,203.
9	Other employee benefits	35,622.	2,672.	27,013.	5,937.
10	Payroll taxes				
11	Fees for services (nonemployees):		/,		
ā	Management				
ŀ	Legal				
(	: Accounting				
c	<b>!</b> Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		)		
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	65,420.	2,248.	56,429.	6,743.
13	Office expenses	5,835.		5,835.	
14	Information technology	7,033.		3,033.	
15	Royalties				
16	Occupancy	49,562.	10,004.	21,705.	17,853.
17	Travel.	49,302.	10,004.	21,703.	17,000.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	2,172.	62.	1,845.	265.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a	LICENSES SOFTWARE & MAINT.	29,130.	2,913.	23,304.	2,913.
	OUTREACH	11,697.	3,542.	1,147.	7,008.
	SUBSCRIPTIONS & MEMBERSHIPS	8,329.	4,764.	2,280.	1,285.
	WEBSITE DEVELOPMENT	5,300.	581.	4,155.	564.
	All other expenses	7,352.	956.	3,799.	2,597.
25	Total functional expenses. Add lines 1 through 24e	1,784,883.	1,319,721.	293,514.	171,648.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	·	·		

Form 990 (2020) CATHOLIC COMMUNITY FOUNDATION OF SAN Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	710,884.	1	1,065,084.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
Ø	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.	18,248.	9	18,727.
As			10,240.		10,727.
	IUa	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	4		
	b	Less: accumulated depreciation. 10b	0	10 c	638,000.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	67,308,410.	12	78,315,911.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	68,037,542.	16	80,037,722.
	17	Accounts payable and accrued expenses	55,111.	17	73,527.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	61,902,385.	21	71,494,908.
Liabilities	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	48,000.
	26	Total liabilities. Add lines 17 through 25.	61,957,496.	26	71,616,435.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,916,530.	27	4,397,793.
Ba	28	Net assets with donor restrictions	3,163,516.	28	4,023,494.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	,		
5	29	Capital stock or trust principal, or current funds		29	
Ø	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ţ	32	Total net assets or fund balances	6,080,046.	32	8,421,287.
Ž	33	Total liabilities and net assets/fund balances.	68,037,542.		80,037,722.

BAA TEEA0111L 10/07/20 Form **990** (2020)

BAA

Form 990 (2020)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CATHOLIC COMMUNITY FOUNDATION OF SAN **DIEGO** 47-4949185 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,529,052.	1,351,590.	1,670,690.	3,146,602.	2,844,194.	10,542,128.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,529,052.	1,351,590.	1,670,690.	3,146,602.	2,844,194.	10,542,128.
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)				R		5,044,277.
6	<b>Public support.</b> Subtract line 5 from line 4				6		5,497,851.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	1,529,052.	1,351,590.	1,670,690.	3,146,602.	2,844,194.	10,542,128.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,481.	22,019.	46,244.	47,110.	68,390.	190,244.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	150	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ζ.					0.
11	Total support. Add lines 7 through 10	.0					10,732,372.
12	Gross receipts from related active	vities, etc. (see ins	structions)				0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						51.23%
15	Public support percentage from	2019 Schedule A,	Part II, line 14				56.65%
16a	<b>33-1/3% support test—2020.</b> If to and <b>stop here.</b> The organization	he organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

Sec	tion A. Public Support		prodes comprete				
	dar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) = 1   1	(4) =		(4) 2333	(4) ====	(7)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				CO,		
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.			CUP			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			J			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		O/				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	01/0					
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<b>3</b> ~					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶ □
	tion C. Computation of Pul			. 10			
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-	* * * *	<b>├</b>	0/0
18	Investment income percentage fi					<u> </u>	%
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	▶ 📗
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> Th	ie organization qu	alifies as a public	ly supported orgai	nization ►

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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			
b	accomplished (such as by amendment to the organizing document).  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?	5a 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI</i> .	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
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.	10a		
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.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	l laa k	the averagination accorded a gift or contribution from any of the following paragraps		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of each	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees och of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
			'		
Seci	lion i	D. All Type III Supporting Organizations		Yes	No
	organ	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
		E. Type III Functionally Integrated Supporting Organizations	ı		
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	=	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
•	Λ - 1::	The American Control of the Lorentz Control o			
		ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):		P	
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details						
	in <b>Part VI</b> ). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.		-0	
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018	Q.V		
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF SAN **DIEGO** 47-4949185 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . 2,844,194. Aggregate value of grants from (during year)...... 1,221,853. 4,310,515. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No X Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... X Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	rıca	Treasures, or C	tner Similar Ass	ets (c	ontinu	ea)			
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check ar	ny of t	he following that mak	e significant use of its	collectio	n				
<b>a</b> Public exhibition			d Loan o	or exc	hange program							
<b>b</b> Scholarly research	b Scholarly research e Other											
c Preservation for future generations												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	intained	as part of the or	rganiz	zation's collection?		Yes		No			
Escrow and Custodia   line 9, or reported an a	l Arrangen amount on	<b>rents.</b> Form	Complete if the 1990, Part X, I	ne o line :	rganization answ 21.	vered 'Yes' on Fo	rm 99	0, Par	t IV,			
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or oth	er intermediary t	for co	ntributions or other	assets not included	Yes	[2	X No			
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	ind com	plete the followir	ng tab	ole:							
							Amoun	t				
<b>c</b> Beginning balance						1 c						
<b>d</b> Additions during the year						1 d						
e Distributions during the year						1 e						
f Ending balance						7f			0.			
2 a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21,	for es	scrow or custodial ac	count liability?	X Yes		No			
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the explan	ation	has been provided	n Part XIII	<b></b> 	Σ	₹			
		SE	E PART XII	I				<u> </u>	_			
Part V Endowment Funds. C	omplete if	the ord	anization an	swer	ed 'Yes' on Forr	n 990. Part IV. lir	ne 10.					
	(a) Current		(b) Prior year		(c) Two years back	(d) Three years back		Four years	s back			
<b>1 a</b> Beginning of year balance	3,163	•	1,186,0		893,417.		_ ` .		0.			
<b>b</b> Contributions		,483.	1,636,1		377,922.	414,620.		408.	000.			
İ	333	, 100.	1,000,1		311/322.	111,020		100,	000.			
c Net investment earnings, gains, and losses	496	,463.	364,2	12.	-75,245.	77,411.						
<b>d</b> Grants or scholarships												
e Other expenditures for facilities and programs	35,	,968.	22,8	76.	10,028.	6,614.						
f Administrative expenses			9									
<b>g</b> End of year balance	4,023		3,163,5		1,186,066.			408,	000.			
2 Provide the estimated percentage		nt year	•	e 1g,	column (a)) held as	:						
a Board designated or quasi-endowm	ent 🕨 🔣	~ ~	ું ુ									
<b>b</b> Permanent endowment ▶	્ર											
c Term endowment ►		•										
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100	%.									
3 a Are there endowment funds not in t	he nossession	of the o	rganization that a	re hel	d and administered fo	ir the						
organization by:	10 0030331011	or the o	rgariization that a	i C i iCi	a ana aaniinisterea te	i tic		Yes	No			
(i) Unrelated organizations							3a(i)		X			
(ii) Related organizations							3a(ii)		X			
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organizat	tions list	ed as required o	n Scl	hedule R?		. 3b					
4 Describe in Part XIII the intended	l uses of the	organiza	ation's endowme	nt fur	nds. SEE PART	XIII			-			
Part VI Land, Buildings, and					<u> </u>							
Complete if the organi			'Yes' on Forn	n 99	0 Part IV line 1	1a See Form 99	0 Par	t X lir	ne 10			
						1						
Description of property			or other basis vestment)	(a)	Cost or other casis (other)	(c) Accumulated depreciation	(a)	Book va	ilue			
<b>1 a</b> Land			638,000.					638,	,000.			
<b>b</b> Buildings												
c Leasehold improvements												
<b>d</b> Equipment												
<b>e</b> Other												
Total. Add lines 1a through 1e. (Column		gual For	m 990, Part X. c	olum	n (B), line 10c.)			638	,000.			
ВАА	,,		, , , , , ,				ule D (F	orm 990				

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) REFUNDABLE ADVANCE 48,000. (3) (4) (5) (6) (7) (8) (9) (10) (11)		Investments — Other Securities. Complete if the organization answered	'Yes' on Form 991	) Part IV line 11h See Form	990 Part X line 12
(1) Financial derivatives	(a) Descr	<u> </u>		1	
20   Other   COLLECTIVE   INVESTMENT FUNDS   20, 981, 548.   END OF YEAR MARKET VALUE				,,	·
(3) Other COLLECTIVE INVESTMENT FUNDS 20, 981, 548. END OF YEAR MARKET VALUE  (A) SEE PART XIII (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	` '				
(A) SEE_PART XIII  (B)  (C)  (C)  (C)  (C)  (D)  (E)  (E)  (E)  (D)  (E)  (E)  (E			20,981,548.	END OF YEAR MARKET VALU	JE
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)					·
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(B)	~# <i>~</i> ~ <del>~</del> ~~~~~~			
(a) Description of investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (b) Book value (d) Method of valuation plant and organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (d) Description of investment (b) Book value (d) Method of valuation plant plant in the value (e) Method of valuation plant plant in the value (e) Method of valuation plant plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of valuation plant in the value (e) Method of value (e) Meth	(C)				
(E) (F) (G) (G) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)				
(G) Potal. (Column (D) must equal Form 590, Part X, column (B) line 12). Total. (Column (b) must equal Form 590, Part X, column (B) line 13). Total. (Column (b) must equal Form 590, Part X, column (B) line 13). Total. (Column (b) must equal Form 590, Part X, column (B) line 15).  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value  (c) Book value (d) Method of valuation cost or end-of-year market value (e) Method of valuation cost or end-of-year market value (f) Method of valuation cost or end-of-year market value (g) Metho	(E)				
(G) Potal. (Column (D) must equal Form 590, Part X, column (B) line 12). Total. (Column (b) must equal Form 590, Part X, column (B) line 13). Total. (Column (b) must equal Form 590, Part X, column (B) line 13). Total. (Column (b) must equal Form 590, Part X, column (B) line 15).  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value  (c) Book value (d) Method of valuation cost or end-of-year market value (e) Method of valuation cost or end-of-year market value (f) Method of valuation cost or end-of-year market value (g) Metho	(F)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Part VIII Investments Program Related.  Complete if the organization aniswered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valugations, Cost or end-of-year market value (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder (2) REF (3) (4) (5) (6) (7) (8) (9)	Jumn (b) must equal Form 990, Part X, column (a)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a)	3) line 15.)		5. <b>(b)</b> Book value
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder (2) REF (3) (4) (5) (6) (7) (8) (9) (10)	Jumn (b) must equal Form 990, Part X, column (a)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a)	3) line 15.)		5. <b>(b)</b> Book value
	(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder (2) REF (3) (4) (5) (6) (7) (8) (9) (10) (11)	Jumn (b) must equal Form 990, Part X, column (a)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Descr ral income taxes  UNDABLE ADVANCE	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	5. <b>(b)</b> Book value 48,000.
	(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder (2) REF (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column	Jumn (b) must equal Form 990, Part X, column (a)  Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descr ral income taxes  UNDABLE ADVANCE	3) line 15.)orm 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line 2	5. <b>(b)</b> Book value 48,000.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	4,126,124.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	701,561.
3 Subtract line 2e from line 1	3	3,424,563.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,424,563.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	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	1,784,883.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	1,784,883.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,784,883.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE ORGANIZATION MAINTAINS AND MANAGES CUSTODIAL INVESTMENT ACCOUNTS FOR VARIOUS NON-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS. ALL CUSTODIAL ACCOUNTS ARE INCLUDED IN FORM 990 PART X LINE 12, AS WELL AS FORM 990 PART X LINE 21.

#### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

Part XIII Supplemental Information.

DONORS AND ORGANIZATIONS OPEN ENDOWMENT FUNDS WITH THE PURPOSE OF PROVIDING CHARITABLE SUPPORT IN PERPETUITY.

BAA Schedule D (Form 990) 2020

### Part XIII | Supplemental Information (continued)

# SCHEDULE D, PART VII INVESTMENTS - OTHER SECURITIES

DESCRIPTION		BOOK VALUE			MET	HOD OF	VALUATION	
MUTUAL FUNDS-BALANCED		8,793,157.	END	OF	YEAR	MARKET	VALUE	
MUTUAL FUNDS-EQUITY		5,604,426.	END	OF	YEAR	MARKET	VALUE	
CASH AND EQUIVALENTS		1,577,984.	END	OF	YEAR	MARKET	VALUE	
MUTUAL FUNDS-GENERAL		24,481.	END	OF	YEAR	MARKET	VALUE	
MUTUAL FUNDS - FIXED INCOME		13,706,885.	END	OF	YEAR	MARKET	VALUE	
DOMESTIC COMMON STOCKS		5,645,747.	END	OF	YEAR	MARKET	VALUE	
US GOVERNMENT ISSUES		4,759,901.	END	OF	YEAR	MARKET	VALUE	
CORPORATE ISSUES		5,309,856.	END	OF	YEAR	MARKET	VALUE	
FOREIGN STOCKS		990,628.	END	OF	YEAR	MARKET	VALUE	
FOREIGN ISSUES		309,628.	END	OF	YEAR	MARKET	VALUE	
PARTNERSHIPS/JOINT VENTURES		10,611,670.	END	OF	YEAR	MARKET	VALUE	
	TOTAL	\$57,334,363.						

#### **PART X - FASB ASC 740 FOOTNOTE**

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701 (D) OF THE STATE REVENUE AND TAXATION CODE. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION (ASC) NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN FROME TAX, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

**BAA** TEEA3305L 08/18/20 **Schedule D (Form 990) 2020** 

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number CATHOLIC COMMUNITY FOUNDATION OF SAN 47-4949185 **DIEGO** Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (if applicable) (b) EIN (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation 1 (a) Name and address of organization (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance or assistance (1) SEE ATTACHMENT 4747 MORENA BLVD. STE 300 SAN DIEGO, CA 92117 1,221,853 0 SEE ATTACHMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table...... 91 3 Enter total number of other organizations listed in the line 1 table.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4				P	
5				Ö,	
6			4,		
7			12-1		

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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ALL GRANTS FROM THE FOUNDATION MUST BE PROVIDED TO RESPONSIBLE 501(C)(3)

ORGANIZATIONS WHOSE MISSION AND VALUES ARE NOT INCONSISTENT WITH THE CATHOLIC FAITH.

BAA Schedule I (Form 990) 2020

							Descr Non-	
					Non-Cas	h Valuation	cash	
Name, address, and zip	<u>EIN</u>	IRC Code	Cash Gr	rant_	Grant	Method		Purpose of Grant or Assistance
Agnus Dei Foundation,243 S. Escondido Blvd Suite 127 Escondido, CA 92025	37-1692998			1,500		0		General Operations
Alpha Project for the Homeless,3737 Fifth Avenue Suite 203 San Diego, CA 92103	33-0215585			2,500		0		Homelessness Support
Alternatives Medical Clinic, 257 East 2nd Avenue Escondido, CA 92025	33-0665548			1,000		0		General Support - Fall Fundraiser
Alzheimer's San Diego,6632 Convoy Court San Diego, CA 92111	47-5534541			2,000		0		General Support - Annual Contribution
Big Brothers Big Sisters of San Diego County, 4305 University Ave. Suite 590 San Diego, CA 92105	95-2151526			10,000		0		General Support
BLEXIT Foundation, Inc.,888 17th Street, Suite 810 Washington, DC 20006	83-3032236			20,000		0		General Support
Build a Miracle,10755 Scripps Poway Pkwy # 490 San Diego, CA 92131-3924		501(C)(3)		20,000		0		General Community and Educational Support
Build a Miracle, 10755 Scripps Poway Pkwy # 490 San Diego, CA 92131-3924	33-0971124			20,000		0		General Support
Build a Miracle,10755 Scripps Poway Pkwy # 490 San Diego, CA 92131-3924		501(C)(3)		10,000		0		Support Where Needed
Build a Miracle, 10755 Scripps Poway Pkwy # 490 San Diego, CA 92131-3924	33-0971124			10,000		0		General Community Support
Build a Miracle,10755 Scripps Poway Pkwy # 490 San Diego, CA 92131-3924	33-0971124			20,000		0		General Community Support
Casa Cornelia Law Center, 2760 Fifth Avenue Suite 200 San Diego, CA 92103-6330	33-0719221		\$	10,000		0		Legal Services Support
Casa de Los Pobres,PO Box 432256 San Ysidro, CA 92143-2256	45-0514951		\$	1,500		0		Food Program
Casa de Los Pobres,PO Box 432256 San Ysidro, CA 92143-2256	45-0514951		\$	1,000		0		Food Program - Honor of Fr. Gil
Cathedral Catholic High School,5555 Del Mar Heights Road San Diego, CA 92130		501(C)(3)	\$	2,500		0		Fund for Cathedral Campaign
Catholic Answers, Inc.,2020 Gillespie Way El Cajon, CA 92020	95-3754404			2,000		0		General Support - Annual Contribution
Catholic Answers, Inc., 2020 Gillespie Way El Cajon, CA 92020	95-3754404			1,000		0		October Radio Support
Catholic Charities Diocese of San Diego, 3888 Paducah Drive San Diego, CA 92117	23-7334012	501(C)(3)	\$	419		0		COVID-19 Food Distribution
Catholic Charities Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117		501(C)(3)	-	2,000		0		General Support - Annual Contribution
Catholic Charities Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117		501(C)(3)		2,500		0		COVID19 Local Food Program
Catholic Charities Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117		501(C)(3)		500		0		General Support
Catholic Charities Diocese of San Diego, 3888 Paducah Drive San Diego, CA 92117		501(C)(3)		2,000		0		COVID-19 Response Fund
Catholic Charities Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117		501(C)(3)		1,500		0		Women's Services
Catholic Charities Diocese of San Diego, 3888 Paducah Drive San Diego, CA 92117		501(C)(3)		2,500		0		COVID-19 Emergency Food Distribution Network
Catholic Charities USA, 2050 Ballenger Ave #400 Alexandria, VA 22314		501(C)(3)		2,500		0		COVID-19 Emergency Response
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606	36-6000520	501(C)(3)	\$	2,500		0		COVID-19 Emergency Fund
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606	36-6000520	501(C)(3)	\$	5,000		0		Sisters on the Frontline
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606		501(C)(3)		10,000		0		General Support
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606		501(C)(3)		10,000		0		Campus Ministry and Priests/Seminarians Support
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606	36-6000520	501(C)(3)	\$	2,000		0		Seminarian Tuition & Support
Catholic Extension, 150 S. Wacker Drive Suite 2000 Chicago, IL 60606		501(C)(3)		5,000		0		Puerto Rico Earthquake Relief
Catholic in Recovery,4004 Kendall St. San Diego, CA 92109	81-1607871	501(C)(3)	\$	10,000		0		General Support
Catholic Relief Services, 228 W Lexington St. Baltimore, MD 21201	13-5563422	501(C)(3)	\$	3,500		0		Greatest Need
Catholic Relief Services, 228 W Lexington St. Baltimore, MD 21201	13-5563422	501(C)(3)	\$	2,000		0		General Support - Annual Contribution
Coaching Corps,310 Eighth Street Suite 300 Oakland, CA 94607	94-3310845	501(C)(3)	\$	5,000		0		Sports & Service Programs
Community Christian Service Agency,4167 Rappahannock Ave San Diego, CA 92117-5714	95-2830702	501(C)(3)	\$	1,000		0		COVID-19 Food Fund
Community HousingWorks,3111 Camino Del Rio North San Diego, CA 92108-5720	33-0317950	501(C)(3)	\$	1,500		0		General Support
Copley-Price Family YMCA,4300 El Cajon Blvd. San Diego, CA 92105	46-3504414	501(C)(3)	\$	2,000		0		Annual Current Support Campaign
Cristo Rey San Diego High School,3525 Del Mar Heights Rd #882 San Diego, CA 92130-2122	82-1922472	501(C)(3)	\$	25,000		0		Annual Support - Where Needed
Cristo Rey San Diego High School,3525 Del Mar Heights Rd #882 San Diego, CA 92130-2122	82-1922472	501(C)(3)	\$	20,000		0		Sport Court Project
Cristo Rey San Diego High School,3525 Del Mar Heights Rd #882 San Diego, CA 92130-2122	82-1922472	501(C)(3)	\$	500		0		Tuition Assistance
Cristo Rey San Diego High School,3525 Del Mar Heights Rd #882 San Diego, CA 92130-2122	82-1922472	501(C)(3)	\$	5,000		0		General Purposes
Cristo Rey San Diego High School,3525 Del Mar Heights Rd #882 San Diego, CA 92130-2122	82-1922472	501(C)(3)	\$	100,000		0		General Support
Culture of Life Family Services, 362 W Mission Ave. Ste. 105 Escondido, CA 92025	91-2169315	501(C)(3)	\$	500		0		Save babies & heal lives
Damien House, Inc.,4407 N Elston Ave. Chicago, IL 60630	36-4009258	501(C)(3)	\$	500		0		General Support
Doors of Change,PO Box 177 Cardiff, CA 92007	77-0606859	501(C)(3)	\$	1,000		0		Homeless Youth
Dynamic Catholic Institute,5081 Olympic Blvd. Erlanger, KY 41018	26-4549213	501(C)(3)	\$	5,000		0		Dynamic Parish Program
Dynamic Catholic Institute,5081 Olympic Blvd. Erlanger, KY 41018	26-4549213	501(C)(3)	\$	200,000		0		Ministry Support

	Descr	Non-
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					Non-Cash Valuation	cash	
Name, address, and zip	<u>EIN</u>	IRC Code	Cash G	<u>irant</u>	Grant Method	Assistance Purpose o	f Grant or Assistance
Dynamic Catholic Institute,5081 Olympic Blvd. Erlanger, KY 41018	26-4549213	501(C)(3)	\$	1,000	0	General Su	pport
Dynamic Catholic Institute,5081 Olympic Blvd. Erlanger, KY 41018	26-4549213	501(C)(3)	\$	600	0	Ambassad	ors Club
East County Transitional Living Center, Inc,1527 E. Main Street El Cajon, CA 92021	27-0865318	501(C)(3)	\$	25,000	0	Housing H	omeless
Evangelical Catholic, Inc.,6602 Normandy Lane FL 2 Madison, WI 53719	39-1947596	501(C)(3)	\$	10,000	0	Outreach S	Support
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	2,500	0	Distance L	earning Initiative
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	10,000	0	COVID-19	Emergency Fund
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	1,000	0	Greatest N	eed
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	419	0	COVID-19	Relief
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	10,000	0	Honor of R	uth Bruland
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	10,000	0	Gala	
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	2,500	0	General Su	pport - 70th Anniversary
Father Joe's Villages, 3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	10,000	0	Honor of D	cn. Jim
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302			10,000	0	70th Year	Helping Hands
Father Joe's Villages,3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	1,000	0	Operating	Support
Father Joe's Villages, 3350 E St. San Diego, CA 92102	33-0492302	501(C)(3)	\$	3,000	0	General Su	pport - Annual Contribution
Feeding San Diego,9455 Waples St. Suite 135 San Diego, CA 92121	26-0457477			3,000	0	COVID-19	Response Fund / Match Campaign
Feeding San Diego,9455 Waples St. Suite 135 San Diego, CA 92121	26-0457477			1,000	0	Greatest N	· ·
Feeding San Diego,9455 Waples St. Suite 135 San Diego, CA 92121	26-0457477			2,500	0	COVID-19	Response Fund
FOCUS,PO Box 17408 Denver, CO 80217	84-1522811			1,000	0		r #46569 Support
Foundation for Children in Need, PO Box 1247 Arlington Heights, IL 60006-1247	32-0015758			680	0	Sponsorsh	• •
Friends of Missionaries of the Cross Foundation,4492 El Camino de La Plaza PMB 782 San Ysidro, CA 92173	26-1795588			250	0	Christmas	
Gentle Giants Draft Horse Rescue, PO Box 5058 Hagerstown, MD 21741-5058	59-3822764			250	0	General Su	• •
Gentle Giants Draft Horse Rescue, PO Box 5058 Hagerstown, MD 21741-5058	59-3822764			500	0	Hay purch	• •
International Relief Teams, 4560 Alvarado Canyon Rd., Suite 1H San Diego, CA 92120	33-0412751			10,000	0	COVID Reli	
International Relief Teams, 4560 Alvarado Canyon Rd., Suite 1H San Diego, CA 92120	33-0412751			5,000	0	General Su	pport
International Relief Teams, 4560 Alvarado Canyon Rd., Suite 1H San Diego, CA 92120	33-0412751			2,500	0	Annual Su	pport
International Relief Teams, 4560 Alvarado Canyon Rd., Suite 1H San Diego, CA 92120	33-0412751	501(C)(3)	\$	10,000	0	Gifts Hope	
Jacobs & Cushman San Diego Food Bank,9850 Distribution Avenue San Diego, CA 92121-2320	20-4374795			2,500	0	·	esponse - Food
Just in Time for Foster Youth,PO Box 601627 San Diego, CA 92160-1627	20-5448416			10,000	0	General Su	•
Just in Time for Foster Youth,PO Box 601627 San Diego, CA 92160-1627	20-5448416			5,000	0	Find Your S	Success Sweet Spot Event
Life Choices San Diego,13412 Pomerado Road Suite C Poway, CA 92064	33-0147357		-	1,500	0		Counseling Against Abortion
Life Choices San Diego,13412 Pomerado Road Suite C Poway, CA 92064	33-0147357	501(C)(3)	\$	5,000	0	Program S	upport
Life Choices San Diego,13412 Pomerado Road Suite C Poway, CA 92064	33-0147357	501(C)(3)	\$	5,000	0	General Su	pport
Life Choices San Diego,13412 Pomerado Road Suite C Poway, CA 92064	33-0147357	501(C)(3)	\$	5,000	0		ching Funds
Life Perspectives, 2535 Camino del Rio S Suite 350 San Diego, CA 92108	33-0884706			10,000	0	General Su	_
Life Perspectives, 2535 Camino del Rio S Suite 350 San Diego, CA 92108	33-0884706			1,500	0		Caster Matching Gift
Lifesavers Wild Horse Rescue,PO Box 1226 Merrifield, VA 22116-1226	95-4631906			3,000	0	• • • • • • • • • • • • • • • • • • • •	pport - Annual Contribution
Lifesavers Wild Horse Rescue,PO Box 1226 Merrifield, VA 22116-1226	95-4631906			393	0		escue Expenses
Lions Tigers & Bears,24402 Martin Way Alpine, CA 91901	33-0938499			500	0		Exotic Animal Sanctuary
Make-A-Wish Foundation Of San Diego Inc,2440 Hotel Cir N Ste 200 San Diego, CA 92108-2823	33-0039466			1,000	0	=	es - General Purposes
Mama's Kitchen,3960 Home Avenue San Diego, CA 92105	33-0434246			1,000	0	Covid-19 R	· •
Meals on Wheels of San Diego County,2254 San Diego Ave Suite 200 San Diego, CA 92110	952660509			5,000	0		f Cathy Flanders
Meals on Wheels of San Diego County,2254 San Diego Ave Suite 200 San Diego, CA 92110	952660509			2,000	0	Senior Ser	•
Mission of Our Lady of Mercy, Inc.,1140 W. Jackson Blvd. Chicago, IL 60607-9952	36-2171726			10,000	0		Children - Matching Opportunity
Napili Kai Foundation,5900 Honoapiilani Road Lahaina, HI 96761	99-6011281			10,000	0	Scholarshi	· · · · ·
National City Police & Fire Foundation,710 East 16th Street #3138 National City, CA 91950	82-5410465			5,000	0	Christmas	_
Nativity Prep Academy of San Diego,4463 College Avenue San Diego, CA 92115	33-0886247			100,000	0	Education	
Nativity Prep Academy of San Diego,4463 College Avenue San Diego, CA 92115	33-0886247			3,000	0		nristmas Bonus
, , , , , , , , , , , , , , , , , , , ,		\ - /\-/	•	-,	-		-

# Descr Non-

				Non-Cash Valuation	cash
Name, address, and zip	<u>EIN</u>	IRC Code	Cash Grant	Grant Method	Assistance Purpose of Grant or Assistance
Ocean Conservancy, 1300 19th Street NW 8th Floor Washington, DC 20036	23-7245152			0	In memory of Randall Craig Balt
One Tail at a Time, 2020 N. California, Ste. 7, #152 Chicago, IL 60647	26-2125306		·	0	Kaity Blackburn's Sit In for Shelter Pets
Our Lady of Perpetual Help Parish- Lakeside, 13208 Lakeshore Drive Lakeside, CA 92040-3397	27-3860686		· ·	0	Building Maintenance
Our Lady of Perpetual Help Parish- Lakeside, 13208 Lakeshore Drive Lakeside, CA 92040-3397	27-3860686		· ·	0	Building Maintenance
Our Lady of Perpetual Help Parish- Lakeside, 13208 Lakeshore Drive Lakeside, CA 92040-3397	27-3860686			0	Building Maintenance
Our Lady of Perpetual Help Parish- Lakeside, 13208 Lakeshore Drive Lakeside, CA 92040-3397	27-3860686			0	Building Maintenance
Peaceful Valley Donkey Rescue, Inc.,PO Box 216 Miles, TX 76861	77-0562800		•		General Support
Peaceful Valley Donkey Rescue, Inc.,PO Box 216 Miles, TX 76861	77-0562800		•	0	General Support - Annual Contribution
Pregnancy Care Center,677 S. Magnolia Avenue El Cajon, CA 92020	33-0576304			0	General Support
Pregnancy Care Center,677 S. Magnolia Avenue El Cajon, CA 92020	33-0576304			0	General Support
Pregnancy Care Center,677 S. Magnolia Avenue El Cajon, CA 92020	33-0576304			0	General Support
Pregnancy Care Center,677 S. Magnolia Avenue El Cajon, CA 92020	33-0576304		\$ 375	0	General Support
Redwings Horse Sanctuary, PO Box 58 Lockwood, CA 93932	77-0269641			0	General Support
Redwings Horse Sanctuary, PO Box 58 Lockwood, CA 93932	77-0269641		\$ 3,000	0	General Support - Annual Contribution
Relevant Radio,PO Box 10707 Green Bay, WI 54307-0707	39-2003067			0	General Support - Annual Contribution
Relevant Radio,PO Box 10707 Green Bay, WI 54307-0707	39-2003067			0	General Support
Rise Up Industries,8530 Roland Acres Drive Santee, CA 92071	80-0908912			0	General Support
Rise Up Industries,8530 Roland Acres Drive Santee, CA 92071	80-0908912			0	General Support
Ronald Mcdonald House Charities Of San Diego Inc,2929 Childrens Way San Diego, CA 92123-4210	95-3251490			0	Emergency Family Care Fund Match
San Diego Humane Society,5500 Gaines St. San Diego, CA 92110	95-1661688			0	Day of Giving 2020
San Diego Police Officers Association, Inc. Foundation,8388 Vickers Street San Diego, CA 92111	33-0127369			0	Widows & Orphans Fund
Scripps Health Foundation, 354 Santa Fe Drive ENC63 Encinitas, CA 92024	95-1684089			0	COVID-19 Challenge Fund
Scripps Health Foundation,354 Santa Fe Drive ENC63 Encinitas, CA 92024	95-1684089		•	0	COVID-19 Response Fund
Serving Hands International,4607 Mission Gorge Place San Diego, CA 92120	95-3797996			0	Blanket Distribution for Mexico
Serving Seniors,525 14TH ST Suite 200 San Diego, CA 92101-7544	95-2850121			0	Memory of Lorraine Naborowski
Serving Seniors,525 14TH ST Suite 200 San Diego, CA 92101-7544	95-2850121			0	Coronavirus Support
Sharp Healthcare Foundation,8695 Spectrum Center Blvd. San Diego, CA 92123	95-3492461		•	0	Caster Institute for Nursing Excellence
She is Safe, Inc.,515 East Crossville Road Suite 310 Roswell, GA 30075	22-3886094			0	Support for the Rescued
Slave 2 Nothing Foundation, 4199 Campus Drive, 9th Floor Irvine, CA 92612	47-4712082	. , , ,	•	0	Fight Human Trafficking
Society for the Propagation of the Faith - Diocese of San Diego, 3888 Paducah Dr. San Diego, CA 92117	95-1644613			0	World Mission Sunday
Society for the Propagation of the Faith - Diocese of San Diego, 3888 Paducah Dr. San Diego, CA 92117	95-1644613			0	Fr. Kanda Parish - Kenya
Society for the Propagation of the Faith - Diocese of San Diego, 3888 Paducah Dr. San Diego, CA 92117	95-1644613			0	Annual Appeal - Mission Sunday
St. Benedict's Abbey,12605 224th Ave. Benet Lake, WI 53102-1000	95-1644613			0	General Support - Annual Contribution
St. Bonaventure Indian Mission & School,25 Navarre Blvd. W Thoreau, NM 87323	85-0326009			0	Water Deliveries / Where Needed
St. Bonaventure Indian Mission & School,25 Navarre Blvd. W Thoreau, NM 87323	85-0326009			0	Greatest Need
St. Bonaventure Indian Mission & School,25 Navarre Blvd. W Thoreau, NM 87323	85-0326009			0	Water Delieveries / Where Needed
St. Bonaventure Indian Mission & School,25 Navarre Blvd. W Thoreau, NM 87323	85-0326009			0	Water Deliveries / Where Needed
St. Bonaventure Indian Mission & School,25 Navarre Blvd. W Thoreau, NM 87323	85-0326009			0	COVID-19 Relief
St. Brigid Parish,4735 Cass Street San Diego, CA 92109-2698	82-5178164			0	Retired Religious Fund Collection
St. Brigid Parish,4735 Cass Street San Diego, CA 92109-2698	82-5178164			0	Payroll Support
St. Brigid Parish,4735 Cass Street San Diego, CA 92109-2698	82-5178164			0	General Support - Annual Contribution
St. Brigid Parish,4735 Cass Street San Diego, CA 92109-2698	82-5178164			0	Parish Support
St. Brigid Parish,4735 Cass Street San Diego, CA 92109-2698	82-5178164			0	Homeless Dinner Funds
St. Charles Borromeo Academy, 2808 Cadiz Street San Diego, CA 92110	82-5252169			0	Tuition support for military families
St. Francis of Assisi School,525 West Vista Way Vista, CA 92083	27-3859494			0	Support Where Needed
St. Germaine Catholic Church,7997 East Dana Drive Prescott, AZ 86314	35-2350446			0	Christmas Books - Dynamic Catholic
St. Germaine Catholic Church,7997 East Dana Drive Prescott, AZ 86314	35-2350446			0	Annual Collection
St. Germaine Catholic Church,7997 East Dana Drive Prescott, AZ 86314	35-2350446			0	Sanctuary Capital Campaign
		( -/(~/	, 230	-	

					Non-Cash Valuation	cash
Name, address, and zip	<u>EIN</u>	IRC Code	Cash Gr	rant	Grant Method	Assistance Purpose of Grant or Assistance
St. Gregory the Great Parish,11451 Blue Cypress Drive San Diego, CA 92131	82-5202611	-		6,500	0	2020 Weekly Giving
St. Gregory the Great Parish,11451 Blue Cypress Drive San Diego, CA 92131	82-5202611			10,000	0	Financial Support
St. Katharine Drexel Academy, 4551 56th Street San Diego, CA 92115-3629	27-3973194		-	3,000	0	Tuition Assistance
St. Martin of Tours Academy, 7708 El Cajon Boulevard La Mesa, CA 91942	82-5204159			6,600	0	Tuition Assistance
St. Martin of Tours Parish,7710 El Cajon Boulevard La Mesa, CA 91942	82-5204159			2,000	0	Extra Sunday Collection
St. Mary Star of the Sea Parish (Jackson, MI),120 E. Wesley St. Jackson, MI 49201	38-1381289			3,000	0	Stained Glass Windows
St. Michael Parish- Poway,15546 Pomerado Road Poway, CA 92064	82-5252519			3,600		Annual General Offering
St. Patrick Parish- San Diego, 3585 30th Street San Diego, CA 92104	27-3947284			1,990	0	Full Distribution
St. Richard Parish, P.O. Box. 1128 Borrego Springs, CA 92004-1128	27-4004244			250	0	Sunday Offering / Building Maitenance
St. Richard Parish, P.O. Box. 1128 Borrego Springs, CA 92004-1128	27-4004244			250	0	Sunday Offering & Building Maintenance
St. Richard Parish, P.O. Box. 1128 Borrego Springs, CA 92004-1128	27-4004244		Ś	250	0	Sunday Offering & Building Maintenance
St. Richard Parish, P.O. Box. 1128 Borrego Springs, CA 92004-1128	27-4004244		Ś	250	0	Sunday Offering & Building Maintenance
St. Vincent de Paul Village, Inc.,3350 E Street San Diego, CA 92102	33-0492302			4,000	0	COVID-19 Emergency Response Fund
Support the Enlisted Project,PO Box 26747 San Diego, CA 92196-0747	20-3051279		\$	5,000	0	Support - Honor of Matt Shara
The Roman Catholic Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117	95-1644613		\$	2,400	0	ACA - St. Brigid Parish
The Roman Catholic Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117	95-1644613			1,500	0	Annual Catholic Appeal
The Roman Catholic Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117	95-1644613			1,000	0	Diocese ACA - St. Charles Borromeo
The Roman Catholic Diocese of San Diego,3888 Paducah Drive San Diego, CA 92117	95-1644613			1,000	0	ACA - St. Gabriel Parish
The Roman Catholic Diocese of San Diego, 3888 Paducah Drive San Diego, CA 92117	95-1644613	501(C)(3)	\$	1,500	0	ACA - St. Patrick Parish (San Diego)
The Roman Catholic Diocese of San Diego - Office for the Missions,3888 Paducah Dr. San Diego, CA 92117	95-1644613	501(C)(3)	\$	9,500	0	Nigeria - Evangelization
The Roman Catholic Diocese of San Diego - Office for the Missions,3888 Paducah Dr. San Diego, CA 92117	95-1644613	501(C)(3)	\$	14,917	0	Nigeria COVID-19 Relief
The Roman Catholic Diocese of San Diego - Office for the Missions,3888 Paducah Dr. San Diego, CA 92117	95- <mark>1</mark> 644613	501(C)(3)	\$	1,425	0	Nigeria - COVID-19 Relief
The San Diego Foundation,2508 Historic Decatur Rd. Suite 200 San Diego, CA 92108	95-2942582	501(C)(3)	\$	1,000	0	Regional Disaster Fund - Valley Fire
Union Rescue Mission,545 S San Pedro Street Los Angeles, CA 90013	95-1709293	501(C)(3)	\$	5,000	0	Skid Row Women's Center - Match Opp
USCCB Retirement Fund for Religious,PO Box 96988 Washington, DC 20090-6988	53-0196617	501(C)(3)	\$	500	0	Annual Collection for Retired Religious
Whispering Winds Catholic Conference Center, Inc,4636 Mission Gorge Place, Ste 203 San Diego, CA 92120	95-3407343	501(C)(3)	\$	20,000	0	General Support
Whispering Winds Catholic Conference Center, Inc,4636 Mission Gorge Place, Ste 203 San Diego, CA 92120	95-3407343	501(C)(3)	\$	650	0	38th Annual Whispering Winds Gala
Whispering Winds Catholic Conference Center, Inc,4636 Mission Gorge Place, Ste 203 San Diego, CA 92120	95-3407343	501(C)(3)	\$	2,500	0	Annual Gala Donation
Whispering Winds Catholic Conference Center, Inc,4636 Mission Gorge Place, Ste 203 San Diego, CA 92120	95-3407343	501(C)(3)	\$	2,000	0	Leap of Faith
Whispering Winds Catholic Conference Center, Inc,4636 Mission Gorge Place, Ste 203 San Diego, CA 92120	95-3407343	501(C)(3)	\$	3,500	0	WWWA Campership Fund
Wilshire Boulevard Temple, 3663 Wilshire Blvd. Los Angeles, CA 90010	95-1691339	501(C)(3)	\$	5,000	0	Memory of Lester B Korn
Word Among Us, Inc.,7115 Guilford Dr. Ste. 100 Frederick, MD 21704	52-1320592	501(C)(3)	\$	1,500	0	WAU Partners Program
Word On Fire Catholic Ministries, PO BOX 170 Des Plaines, IL 60016	26-1448551	501(C)(3)	\$	500	0	General Support
Yavapai County Food Bank,8866 E Long Mesa Drive Prescott Valley, AZ 86314	86-0709163	501(C)(3)	\$	1,000	0	Christmas Family / Kids Program
De Minimus Grants, 4747 Morena Blvd #300 San Diego, CA 92117	various	501(C)(3)	\$	2,000	0	Program Support
TOTAL GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES			\$ 1,	221,853		

**Descr Non-**

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

Noncash Contributions

► 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.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**DIEGO** 

CATHOLIC COMMUNITY FOUNDATION OF SAN

Employer identification number 47-4949185

Types of Property Part I (a) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Historical treasures..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Χ 10 526,245 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other ▶ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ...... 29 No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **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?.... Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32 a **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, describe in Part II.

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PUBLIC DISCLOSURE COPY

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO

Employer identification number

OMB No. 1545-0047

47-4949185

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE PURPOSE OF THIS CORPORATION IS TO DEVELOP, MANAGE AND SAFEGUARD THE FINANCIAL RESOURCES NECESSARY TO SUPPORT, SERVE AND OTHERWISE BENEFIT THE MISSION OF THE ROMAN CATHOLIC CHURCH, INCLUDING WORKS OF PIETY, OF THE APOSTOLATE AND OF CHARITY, WITHIN AND BEYOND THE TERRITORIAL BOUNDARIES OF THE PUBLIC JURIDIC PERSON KNOWN AS THE ROMAN CATHOLIC DIOCESE OF SAN DIEGO.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO SERVES AS A RESOURCE FOR CREATING CATHOLIC LEGACIES AS A SPECIAL FORM OF STEWARDSHIP. AS A COMMUNITY FOUNDATION FOR CATHOLICS, WE ASSIST FAMILIES AND INDIVIDUALS TO PASS ALONG THEIR CATHOLIC HERITAGE AND VALUES TO FUTURE GENERATIONS.

WE WORK TO ENCOURAGE CATHOLIC PHILANTHROPY AND THE STEWARDSHIP OF ASSETS TO GIVE BACK TO THE LORD FROM THE GIFTS HE HAS PROVIDED FOR US. WE MAKE CERTAIN THAT THE DONOR'S INTENTIONS ARE HONORED, AND HANDLE THE GRANTS AND DISTRIBUTIONS FROM THE FUNDS.

ESTATE AND PLANNED GIVING SEMINARS ARE OFFERED TO EACH OF OUR 98 PARISHES. SEMINARS, WE TEACH PARISHIONERS HOW TO MAKE A GIFT FROM THEIR ASSETS THROUGH THEIR WILLS OR ESTATE PLANS.

THE CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO HELPS BUILD PERMANENT ENDOWMENT FUNDS FOR PARISHES, SCHOOLS AND ALL OTHER CATHOLIC MINISTRIES AND ORGANIZATIONS. WITH PARISH AND SCHOOL LEADERS TO GROW THE ENDOWMENT FUNDS BY ENCOURAGING CATHOLICS AND OTHERS TO LEAVE LEGACIES TO THE ENDOWMENTS. TYPICALLY, THE ORIGINAL CORPUS FOR THESE FUNDS IS NOT INVADED. EARNINGS FROM THE ENDOWMENT INVESTMENTS ARE AVAILABLE TO

Employer identification number 47-4949185

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NEAR AND DEAR TO THEIR HEARTS.

ONCE ENDOWMENTS ARE ESTABLISHED, THESE FUNDS ARE INVESTED IN A MANNER CONSISTENT WITH CATHOLIC VALUES INVESTING (CVI) STANDARDS ESTABLISHED BY THE U.S. CONFERENCE OF CATHOLIC BISHOPS. THEY ARE INVESTED IN A DIVERSIFIED MANNER TO PRESERVE AND GROW THE ENDOWMENTS. WE HANDLE THE ADMINISTRATIVE WORK FOR ENDOWMENT FUNDS AND PROVIDE GRANTS, UPON DONOR REQUEST, TO ASSIST OUR LOCAL CATHOLIC COMMUNITY.

IN ADDITION TO ENDOWMENT FUNDS, THE FOUNDATION ALSO SUPPORTS THE ESTABLISHMENT OF PASS-THROUGH DONOR-ADVISED AND DESIGNATED FUNDS. BOTH OF THESE FUND TYPES FACILITATE GIVING AND MAKING AN IMPACT TODAY, TOMORROW AND IN FUTURE GENERATIONS. PASS-THROUGH DONOR-ADVISE FUNDS TEMPORARY IN NATURE, WITH FUNDS ON DEPOSIT FROM ONE MONTH TO SEVERAL YEARS. DISTRIBUTIONS FROM PASS-THROUGH DONOR-ADVISED FUNDS CAN BE DIRECTED BY DONORS TO NON-CATHOLIC ORGANIZATIONS, SUCH AS A DONOR'S ALMA MATER OR A NON-CATHOLIC CHARITY AS LONG AS ITS MISSION IS NOT INCONSISTENT WITH CATHOLIC VALUES. ONE OF THE KEY ADVANTAGES OF ESTABLISHING PASS-THROUGH DONOR-ADVISED FUNDS IS THAT THE DONOR RECEIVES AN IMMEDIATE, SINGLE TAX RECEIPT FROM THE FOUNDATION FOR THE GIFT AND THEN HAS SEVERAL MONTHS OR YEARS TO GRANT DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN THE FUTURE, AS DESIRED.

#### FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

JAIME HONOLD AND VIVIANA HONOLD ARE MARRIED

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED AND APPROVED BY THE BOARD PRESIDENT AND TREASURER AND MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING.

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF SAN
DIEGO

Employer identification number
47-4949185

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CATHOLIC COMMUNITY FOUNDATION HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY
THAT COVERS ALL ASPECTS OF ITS OPERATIONS. THE CONFLICT OF INTEREST POLICY IS SIGNED
BY ALL BOARD MEMBERS ON AN ANNUAL BASIS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

### **ADOPTION OF ASC 2016-14**

IN 2018, THE ORGANIZATION ADOPTED ASC 2016-14 AND ACCORDINGLY ALL ENDOWMENTS
RESTRICTED IN PERPETUITY HAVE BEEN REPORTED AS PERMANENTLY RESTRICTED NET ASSETS.

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	c 6-Month Extension of Time. Only subr	mit origina	al (no copies needed).						
	ons required to file an income tax return other the			s, RE	MICs, and t	rusts must			
use i oiiii / c	Name of exempt organization or other filer, see instructions.	tax returns		Taxpa	yer identification	on number (TIN)			
Type or print	nt DIEGO 47-4949:								
File by the due date for filing your return. See instructions.  Number, street, and room or suite number. If a P.O. box, see instructions.  4747 MORENA BLVD. #300  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SAN DIEGO, CA 92117									
Enter the Re	eturn Code for the return that this application is fo	or (file a se	parate application for each return)			01			
Application Is For		Return Code	Application Is For			Return Code			
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BI		02	Form 1041-A			08			
Form 4720 (	•	03	Form 4720 (other than individual)			09			
Form 990-Pf		04	Form 5227			10			
	(section 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T	(trust other than above)	06	Form 8870			12			
<ul><li>If the org</li><li>If this is check th</li></ul>	ganization does not have an office or place of but for a Group Return, enter the organization's four is box ▶ ☐ . If it is for part of the group, consion is for.	digit Group	e United States, check this box Exemption Number (GEN)						
for the	organization named above. The exte <b>ns</b> ion is for calendar year 20 <u>20</u> or	the organiz	ng, 20	zation ial retu					
3a If this a	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	1720, or 606	59, enter the tentative tax, less any	3 a	\$	0.			
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymer			3 b	\$	0.			
c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 c	\$	0.			
Caution: If y payment ins	ou are going to make an electronic funds withdratructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form	8879-EO for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)