## 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

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Difference   Part   P	В	Check if	f applicable:	С								D Employ	er identi	fication number	
Difference   Part   P		Add	dress change	CATHOLIC C	COMMUNI	TY FOUN	DATION	OF SAN				47-	49491	185	
Annehot return   Anne		Nar	me change												
Take elempt distribution princing   SAM DIECO, A 92117   G cross reveals \$ 29,560,986.   No. 18 list a rouge return for subdistribution princing   SAME AS C ABOVE   No. 18 list a rouge return for subdistribution   No. 18 list and subdistributio		$\vdash$	-	4747 MOREN	NA BLVD	. #300						858	-307-	-9700	
Application pending F Name and address of principal official SAME AS C ABOVE    Take-element statutics:   SAME AS C ABOVE   SAME AS C ABOVE   Not insert no.   ASAME AS A ASAME AS C ABOVE   Not insert no.   ASAME AS A ASAME		$\vdash$		SAN DIEGO,	CA 92	117						030	331	3700	
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Take-ement status:		App	plication pending			al officer:									
Take-ement status:					ABOVE						H(D) Are all If "No,"	subordinates attach a list	included . See inst	l? Yes tructions.	No No
Part   Summary	I	Tax-e	exempt status:	X 501(c)(3)	501(c) (	)◀ (	(insert no.)	4947(a)(1	l) or	527	,				
Summary	J	Web	osite: ► WW	W.CCFSD.OR	.G						H(c) Group 6	exemption n	umber ►		
Briefly describe the organization's mission or most significant activities: TO RECEIVE, MANAGE, SAFEGUARD AND GROW INVESTMENTS THAT SUPPORT ORGANIZATIONS AND DONORS CARRYING OUT THE MISSION OF OUR CATHOLIC FAITH.  2 Check this box *   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   14   14   14   14   14   14   14	K	Form	of organization:	X Corporation	Trust	Association	Other ►		L Year	of format	ion: 2015	5 <b>M</b> s	State of le	egal domicile: C	A
Briefly describe the organization's mission or most significant activities: TO RECEIVE, MANAGE, SAFEGUARD AND GROW INVESTMENTS THAT SUPPORT ORGANIZATIONS AND DONORS CARRYING OUT THE MISSION OF OUR CATHOLIC FAITH.  2 Check this box *   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   14   14   14   14   14   14   14	Pa	ırt I	Summar	v					1			4			
TNVESTMENTS THAT SUPPORT   ORGANIZATIONS AND DONORS CARRYING OUT THE MISSION OF OUR CATHOLIC FAITH					ion's miss	ion or most	significant	activities:	ľO RF	CETV	E. MAN	AGE, S	AFEGI	JARD AND	GROW
CATHOLIC FAITH.	-														
A Number of independent voting members of the governing body (Part VI, line 16)	ည				011 0111	011011111		<u> </u>	110110		11110	<u> </u>		<u> </u>	<u> </u>
A Number of independent voting members of the governing body (Part VI, line 16)	nai		01111101110	<u></u>							-(-)				
A Number of independent voting members of the governing body (Part VI, line 16)	Ver	2	Check this ho	ox ► lif the o	organizatio	n discontin	ued its one	rations or o		ed of mo	ore than 2	5% of its	net ass	 sets	
A Number of independent voting members of the governing body (Part VI, line 16)	ဗ္ဗ	3												3013.	14
B Net unrelated business taxable income from Form 990-T, Part I, line 1   Prior Year   Current Year   Current Year   Current Year   2,844,194   3,533,242   9   Program service revenue (Part VIII, line 2g)   430,093   494,953   494,953   10   Investment income (Part VIII, column (A), lines 3, 4, and 7a   150,276   297,576   297,578   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)   2,173   12   Total revenue − add lines 8 through 11 (must equal Part VIII, column (A), line 12)   3,424,563   4,327,946   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   1,221,853   1,671,282   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   378,233   412,861   16a Professional fundraising fees (Part IX, column (A), line 14)   17   Other expenses (Part IX, column (A), line 14)   17   Other expenses (Part IX, column (A), line 15)   205,919   17   Other expenses (Part IX, column (A), line 25)   205,919   17   Other expenses (Part IX, column (A), line 25)   1,784,883   2,286,207   18   Total expenses (Part IX, column (A), line 12)   1,784,883   2,286,207   19   Revenue less expenses. Subtract line 18 from line 12   1,639,680   2,041,739   1,784,883   2,286,207   1,78	৽ধ														
B Net unrelated business taxable income from Form 990-T, Part I, line 1   Prior Year   Current Year   Current Year   Current Year   2,844,194   3,533,242   9   Program service revenue (Part VIII, line 2g)   430,093   494,953   494,953   10   Investment income (Part VIII, column (A), lines 3, 4, and 7a   150,276   297,576   297,578   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)   2,173   12   Total revenue − add lines 8 through 11 (must equal Part VIII, column (A), line 12)   3,424,563   4,327,946   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   1,221,853   1,671,282   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   378,233   412,861   16a Professional fundraising fees (Part IX, column (A), line 14)   17   Other expenses (Part IX, column (A), line 14)   17   Other expenses (Part IX, column (A), line 15)   205,919   17   Other expenses (Part IX, column (A), line 25)   205,919   17   Other expenses (Part IX, column (A), line 25)   1,784,883   2,286,207   18   Total expenses (Part IX, column (A), line 12)   1,784,883   2,286,207   19   Revenue less expenses. Subtract line 18 from line 12   1,639,680   2,041,739   1,784,883   2,286,207   1,78	<u>ie</u>												5		
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Solution	Act	7a	Total unrelate	ed business reve	enue from	Part VIII, co	olumn (C), I	ine 12					7a		
8   Contributions and grants (Part VIII, line 1h).   2,844,194.   3,533,242.													7b		
9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e).  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  378, 233.  412, 861.  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising expenses (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (D), line 25).  18 Total expenses (Part IX, column (D), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total assets (Part X, line 26).  24 Total liabilities (Part X, line 26).  25 Net assets or fund balances. Subtract line 21 from line 20.  25 Net assets or fund balances. Subtract line 21 from line 20.  26 Sign Here  27 Massets or fund balances. Subtract line 21 from line 20.  28 Signature Block  29 Under penalties of periury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 Date  20 Primit name and title  20 Primit perpearer's name  21 CHRISTOPHER M. ROBERTS (CHRISTOPHER M. ROBERTS)  22 Primits Eline S 33-0783983  23 Primits address  24 1 4 4 4 A VE  25 SAN DIEGO, CA 92103  24 Prine name. 619-615-5380								7			P	rior Year		Current \	'ear
9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e).  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  378, 233.  412, 861.  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising expenses (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (D), line 25).  18 Total expenses (Part IX, column (D), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total assets (Part X, line 26).  24 Total liabilities (Part X, line 26).  25 Net assets or fund balances. Subtract line 21 from line 20.  25 Net assets or fund balances. Subtract line 21 from line 20.  26 Sign Here  27 Massets or fund balances. Subtract line 21 from line 20.  28 Signature Block  29 Under penalties of periury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 Date  20 Primit name and title  20 Primit perpearer's name  21 CHRISTOPHER M. ROBERTS (CHRISTOPHER M. ROBERTS)  22 Primits Eline S 33-0783983  23 Primits address  24 1 4 4 4 A VE  25 SAN DIEGO, CA 92103  24 Prine name. 619-615-5380	_	8	Contributions	and grants (Par	rt VIII, line	1h)		()			. 2	.844.1	94.	3,533	3,242.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 3,424,563. 4,327,946.  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,221,853. 1,671,282.  14 Benefits paid to or for members (Part IX, column (A), line 4). 378,233. 412,861.  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 378,233. 412,861.  16a Professional fundraising fees (Part IX, column (A), line 11e). 5 Total fundraising expenses (Part IX, column (A), line 11e). 5 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25). 1,784,883. 2,286,207.  18 Total expenses. Subtract line 18 from line 12. 1,784,883. 2,286,207.  19 Revenue less expenses. Subtract line 18 from line 12. 1,639,680. 2,041,739.  10 Total assets (Part X, line 16). 80,037,722. 89,259,750.  21 Total liabilities (Part X, line 26). 71,616,435. 78,132,341.  22 Net assets or fund balances. Subtract line 21 from line 20. 8,421,287. 11,127,409.  23 Part II Signature Block  15 Signature Block  16a Professional fundraising expenses. Subtract line 21 from line 20. 8,421,287. 11,127,409.  25 Part II Signature Block  26 Print II Signature Block  27 Part II Signature Block  28 Print II Signature Block  29 Print name and title  20 Print name and title  20 Print name and title  21 Print Type or print name and title  22 Print signature Signature  23 Print signature Signature  24 Print Signature of officer  25 Prims address  26 Print Signature  26 Print Signature Signature  27 Print Signature of officer  27 Part 14 Thi AVE  3 Print sin F 33 -0783983  3 Print sin F 53 -0783983  3 Print sin F 53 -0783983  3 Print sin F 53 -0783983  4 12, 861.	ĭe	9	Program serv	vice revenue (Pa	ırt VIII, line	e 2q)								•	•
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16a Professional fundraising fees (Part IX, column (A), line 11e)												270 (	222	110	0.061
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).	Ш	17										184.7	797.	202	2.064.
19 Revenue less expenses. Subtract line 18 from line 12		18	Total expens	es. Add lines 13	-17 (must	egual Part	IX, column	(A), line 25	5)		. 1	•			
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Sign Here    Signature of officer   Date															
Sign Here    Signature of officer   Date	Unde	er penalti plete. De	ies of perjury, I de	eclare that I have exar	mined this return the control of the	urn, including a all information	ccompanying so	chedules and s	statemen	ts, and to	the best of my	y knowledge	and belie	ef, it is true, corre	ct, and
Here  MSGR. STEVEN F. CALLAHAN  Type or print name and title  Print/Type preparer's name  CHRISTOPHER M. ROBERTS CHRISTOPHER M. ROBERTS  Firm's name Firm's name Firm's address  MEST RHODE & ROBERTS  Firm's ellN ► 33-0783983  SAN DIEGO, CA 92103  Phone no. 619-615-5380			N		,										
Here  MSGR. STEVEN F. CALLAHAN  Type or print name and title  Print/Type preparer's name  CHRISTOPHER M. ROBERTS CHRISTOPHER M. ROBERTS  Firm's name Firm's name Firm's address  MEST RHODE & ROBERTS  Firm's ellN ► 33-0783983  SAN DIEGO, CA 92103  Phone no. 619-615-5380			Signatu	ure of officer							Dat	to			
Type or print name and title  Print/Type preparer's name  Preparer's signature  CHRISTOPHER M. ROBERTS CHRISTOPHER M. ROBERTS  Firm's name  Firm's address  Preparer's signature  CHRISTOPHER M. ROBERTS  Firm's name  Firm's address  SAN DIEGO, CA 92103  Phone no. 619-615-5380	Sig	gn													
Print/Type preparer's name  CHRISTOPHER M. ROBERTS CHRISTOPHER M. ROBERTS  Firm's name Firm's address  Preparer's signature  Check if PTIN self-employed P00235008  P00235008  Firm's lame Firm's address  Firm's EIN ▶ 33-0783983  SAN DIEGO, CA 92103  Phone no. 619-615-5380	не	re			F. CALI	LAHAN					VICE	PRESI	DENT		
Paid Preparer Use Only  CHRISTOPHER M. ROBERTS CHRISTOPHER M. ROBERTS  Firm's name Firm's address  MEST RHODE & ROBERTS  2741 4TH AVE SAN DIEGO, CA 92103  Phone no. 619-615-5380			, ,	•					•						
Preparer Use Only         Firm's name Firm's address         ► WEST RHODE & ROBERTS         Firm's EIN ► 33-0783983           SAN DIEGO, CA 92103         Phone no. 619-615-5380			Print/Type p	oreparer's name		Preparer's si	gnature		D	ate		Check	if	PTIN	
Preparer Use Only         Firm's name Firm's address         ► WEST RHODE & ROBERTS         Firm's EIN ► 33-0783983           SAN DIEGO, CA 92103         Phone no. 619-615-5380	Pa	id	CHRIST	<u> COPHER</u> M. F	<u>ROBERTS</u>	CHRIST	<u>OPHER</u> M	. ROBEF	RTS			self-employ	ed ]	P00235008	3
Use Only         Firm's address         ► 2741 4TH AVE         Firm's EIN ► 33-0783983           SAN DIEGO, CA 92103         Phone no. 619-615-5380	Pro	epare	Firm's name	● WEST R	HODE &	ROBERT	S								
SAN DIEGO, CA 92103 Phone no. 619-615-5380	Us	e Onl	ly Firm's addre									Firm's EIN	<b>&gt;</b> 33-	-0783983	
						A 92103									
	Mar	v the IF	RS discuss th				ve? See in	structions							

Part	III	Statement of Program Se							77
1	Rriefly	Check if Schedule O contains a describe the organization's mis		to any line in this Pa	art III				Х
		SCHEDULE O							
•	<u> </u>	SCIEDOLE O							
2	Did the	e organization undertake any signif	icant program service	es during the year wh	ich were not listed on th	ne prior			
- 1	Form	990 or 990-EZ?					<b>Ye</b>	s X	No
		s," describe these new services on					<u> </u>		
		e organization cease conducting		nt changes in how it	conducts, any progra	m services?	Y	es X	No
		s," describe these changes on Sche							
:	Sectio	ibe the organization's program s on 501(c)(3) and 501(c)(4) organ	izations are require	nents for each of its ed to report the amou	three largest program unt of grants and alloc	services, as a cations to other	measured bers. the total	y expen	ses. ses.
i	and re	evenue, if any, for each program	service reported.		g		,		,
		:) (Expenses \$	1,798,136.	ncluding grants of	\$ <u>1,671,282</u>	(Revenue	\$	497,12	<u> 26.</u> )
	SEE_	SCHEDULE O				<b>d</b>			
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4 b	(Code	: ) (Expenses \$	i	ncluding grants of	\$	) (Revenue	\$		)
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4 c	(Code	:) (Expenses \$	i	ncluding grants of	\$	_) (Revenue	\$		)
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				. – – – – – –					
•				. – – – – – – –					. — — —
•									
4 d	Other	program services (Describe on S	Schedule O.)						
	(Ехре			of \$	) (Revenue	<b>\$</b>		)	
			1,798,		•				

			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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
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	
t	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		Χ
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			v
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		X
17	or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	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		Х
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 (2021) 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? If 'Yes,' complete Schedule L, Part II	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		Х
	<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 line 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
	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
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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			
	Oneth it obligation of contains a response of flote to any fine in this half v		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 30	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A /	(gambling) winnings to prize winners?	1 c	X	(0001)

Form 990 (2021) CATHOLIC COMMUNITY FOUNDATION OF SAN

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

			Yes	No
2 a	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			
k	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	<b>b</b> 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		
4 a	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
ŀ	o If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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
	of 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).			
á	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
k	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d 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
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	bild the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
8	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	Enter the amount of reserves on hand	1.0		V
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b 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
<b>.</b> -	If 'Yes,' complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	, p '			

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. . . . . 14 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... 14 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 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?.... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 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 on Schedule O the process, if any, used by the organization to review this Form 990. Χ 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 on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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?. 16b 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 the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organiz	ation	com	npen	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C)				4	1	
(A) Name and title	(B) Average hours per	thar	n one s both	box, an c	unles		on	(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) GARY RECTENWALD EXECUTIVE DIR.	$-\frac{40}{0}$			Χ	C		,	140 470	0	16 176
(2) MANNY RUBIO	40			Λ	_			149,479.	0.	16,476.
CEO	0	4		X				110,769.	0.	30,100.
(3) RYAN DOUGLAS BUS OPS MGR			7			Х		99,101.	0.	16,110.
(4) MSGR. STEVEN F. CALLAHAN VICE PRESIDENT	0	Х		Х				0.	0.	0.
SUSAN_CARTERSECRETARY	<u>1</u> 0	Х		Х				0.	0.	0.
(6) BRIAN CASTER PRESIDENT	10	Х		Х				0.	0.	0.
	1	Х						0.	0.	0.
(8) MARK NEILSON TRUSTEE	1	Х						0.	0.	0.
(9) DEAN DWYER TRUSTEE	1	Х						0.	0.	0.
(10) JANINE MASON TRUSTEE		Х						0.	0.	0.
(11) JAIME HONOLD TRUSTEE		Х						0.	0.	0.
(12) VIVIANA HONOLD TREASURER		Х		Х				0.	0.	0.
(13) BRYAN GANNON TRUSTEE		Х						0.	0.	0.
(14) MSGR. MARK CAMPBELL TRUSTEE		Х						0.	0.	0.

**BAA** TEEA0107L 09/22/21 Form **990** (2021)

Part VII   Section A. Officers, Directors, 110		ney	⊏m	•	_	es,	and	a nignest com	ipensated Emp	oyees	(continu	ued)
	(B)			(0	•							
(A)	Average hours	(do	not c	heck	more	than	one	<b>(D)</b>	<b>(E)</b>		(F)	
Name and title	per	offic	cer an	nd a c	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	Estima	ated amou f other	unt
	(list any hours	or c	ısu	Officer	Кеу	Higt emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	comper the or	nsation fr	om
	for related	individual trustee or director	Institutional trustee	icer	Key employee	Highest co employee	mer	WIIGO/1099-INEC)	WII30/1099-NEC)	and	d related inizations	
	organiza - tions	र्व <u>व</u>	onal		ploy	ë com						
	below dotted	uste	trus		8	pen						
	line)	Ф	8			Highest compensated employee						
AE) THOMAS SCHOTTET I	-											
(15) THOMAS SCHOETTLE	1	v						0	0			0
TRUSTEE (16) KAREN CONDE	1	Х						0.	0.			0.
TRUSTEE		Х						0.	0.			0.
(17) PETER MARLOW	1	21						0.	<u> </u>			0.
TRUSTEE	0	Х						0.	0.			0.
(18)									1			
	1	•							4			
(19)												
(20)												
(21)		•					~					
100						<	7					
(22)		-										
(23)												
	1	•			~							
(24)		4										
	1											
(25)			7									
		)										
1 b Subtotal							<b>&gt;</b>	359,349.	0.		62,6	86.
c Total from continuation sheets to Part VII, Secti	•						•	0.	0.			0.
d Total (add lines 1b and 1c).							_	359,349.	0.		62,6	86.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	1	
from the organization > 2											Yes	No
2 200											res	NO
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	:е, ке <i>al</i>	ey er	npic	эуеє 	e, or	nıgr 	nest compensated	employee	. 3		Χ
4 For any individual listed on line 1a, is the sum of												
the organization and related organizations greate	er than \$1	50,00	00?	If 'Y	′es,	com	ıple	te Schedule J for	ITOTTI	4		
such individual										. 4	Х	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fro	om a	any I fo	unre	late h n	ed organization or	individual	5		Х
Section B. Independent Contractors	., comp.c				0 .0		6			.   -		
Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen	dent	cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
		tne c	alend	uar <u>y</u>	year	enai	ng v				••	
<b>(A)</b> Name and business add	ress							(B) Description of	of services	Compe	ر) nsatior	1
-										•		
2 Total number of independent contractors (including to		ited to	o tho	se l	iste	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	<b>P</b> 0										000 (2	0011

		Check if Schedule O contains a response or note t	o any line in this Part \	/III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
	h	<b>Total.</b> Add lines 1a-1f	3,533,242.			
Program Service Revenue	2-	Business Code		404.050		
eve	∠a b	MANAGEMENT FEE INCOME 900099	494,953.	494,953.	1	
Se F	c				4	
ervi	d					
E	е					
ogre		All other program service revenue				
ά		Total. Add lines 2a-2f	494,953.			
	3	Investment income (including dividends, interest, and other similar amounts)	133,396.			133,396.
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties				
	6.2	Gross rents				
		Less: rental expenses 6b	$\overline{}$			
		Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from (i) Securities (ii) Other				
	b	sales of assets other than inventory Less: cost or other basis and sales expenses  7a 25397222.  7b 25233040.				
		Gain or (loss) <b>7c</b> 164,182.				
		Net gain or (loss)	164,182.			164,182.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
<u> </u>	h	See Part IV, line 18				
Ě		Net income or (loss) from fundraising events	. •			
9		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9 b				
		Net income or (loss) from gaming activities	•			
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory	. •			
S.		Business Code				
90 E	11 a	OTHER RELATED INCOME 900099	2,173.	2,173.		
Miscellaneous Revenue	b					
<u>e</u> §	C	All other revenue				
Z Z	-	All other revenue	<b>▶</b> 2 172			
	12			497,126.	0.	297,578.
			11001100	10111400		

Par	t IX Statement of Functional Expen		171/	17 15 1	ijioj rage it
	ion 501(c)(3) and 501(c)(4) organizations must con		her organizations must co	omnlete column (A)	
0000	Check if Schedule O contains a	•			
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,671,282.	1,671,282.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	306,824.	61,365.	92,047.	153,412.
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	106,037.	34,246.	64,132.	7,659.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,	R	,
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
c	: Accounting				
	Lobbying		5		
e	Professional fundraising services. See Part IV, line 17				
	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	58,131.	1,789.	54,553.	1,789.
13	Office expenses	8,273.		8,131.	142.
14	Information technology				
15	Royalties				
16	Occupancy	53,030.	10,439.	24,829.	17,762.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
22 23	Depreciation, depletion, and amortization 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.).				
а	LICENSES SOFTWARE & MAINT.	30,576.	3,058.	24,460.	3,058.
	OTHER	18,493.	7,500.	1,017.	9,976.
	SUBSCRIPTIONS & MEMBERSHIPS	10,568.	3,516.	6,349.	703.
	POSTAGE AND SHIPPING	9,763.	3,185.	1,252.	5,326.
	All other expenses	13,230.	1,756.	5,382.	6,092.
25	Total functional expenses. Add lines 1 through 24e	2,286,207.	1,798,136.	282,152.	205,919.
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)				

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) End of year
	1	Cash – non-interest-bearing.	1,065,084.	1	1,181,790.
	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	
တ	-	Inventories for sale or use.		8	
ě	8		10 707	_	10.740
Assets	9	Prepaid expenses and deferred charges	18,727.	9	19,748.
7		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	1		
	b	Less: accumulated depreciation	638,000.	10 c	638,000.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	78,315,911.	12	87,420,212.
	13	Investments – program-related. See Part IV, line 11	<u>U</u>	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)	80,037,722.	16	89,259,750.
	17	Accounts payable and accrued expenses	73,527.	17	30,623.
	18	Grants payable		18	
	19	Deferred revenue		19	
ω,	20	Tax-exempt bond liabilities	T1 404 000	20	TO 050 000
Ë	21	Escrow or custodial account liability. Complete Part IV of Schedule D	71,494,908.	21	78,052,808.
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.	48,000.	25	48,910.
	26	Total liabilities. Add lines 17 through 25.	71,616,435.	26	78,132,341.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ar	27	Net assets without donor restrictions	4,397,793.	27	6,161,123.
Ba	28	Net assets with donor restrictions	4,023,494.	28	4,966,286.
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	
इं	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	8,421,287.	32	11,127,409.
₽	33	Total liabilities and net assets/fund balances	80,037,722.	33	89,259,750.
	_		, - ,		,,

**BAA** TEEA0111L 09/22/21 Form **990** (2021)

3 a

3 b

BAA TEEA0112L 09/22/21 Form 990 (2021)

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

### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

name (		OMMUNITY FOUND	DATION OF SAN			Employer identific					
	DIEGO	!t Ct-t (All -		1		47-494918					
Par							ctions.				
	organization is not a private found	,	•		•	•					
1	A church, convention of church				b)(1)(A)(	1).					
2	A school described in <b>sectio</b>										
3	A hospital or a cooperative h					• • •					
4	A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital of the control of the contr	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). E	enter the hospital's				
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in				
6	A federal, state, or local gov	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</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.)										
9	An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjuncti	on with a land-grant coll	ege				
	or university or a non-land-grain university:	-	e (see instructions). Enter		ne, city,	and state of the college	or ·				
10	An organization that normall from activities related to its investment income and unre June 30, 1975. See section 9	exempt functions, sub lated business taxabl	eject to certain exception  income (less section)	ns; and	(2) no r	nore than 33-1/3% of i	its support from gross				
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).					
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	ed in <b>section 509(a)(1)</b> c	r sectio	n 509(a	)(2). See section 509(a	out the purposes of one a)(3). Check the box on				
а	□ <b>□</b>	on operated, supervise	d. or controlled by its sur	ported o	rganizat	ion(s), typically by giving	g the supported ion. <b>You must</b>				
b		zation supervised or coorganization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>				
С			ion operated in connectio	n with, ai	nd function	onally integrated with, its	supported				
اء ما	Type III functionally integrated organization(s) (see instruction										
d	Type III non-functionally integ functionally integrated. The c instructions). You must com	organization generally	v must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness	requirement (see				
е	integrated, or Type III non-fu	inctionally integrated	supporting organization	١.			e III functionally				
	Enter the number of supported Provide the following informatio										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	C.A.I	- 41	(v) Amount of monetary	(vi) Amount of other				
,	ny realise of supported organization	(11) [11]	(described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	support (see instructions)	support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
T-4 '											

CATHOLIC COMMUNITY FOUNDATION OF SAN 47-4949185

### 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: begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,351,590.	1,670,690.	3,146,602.	2,844,194.	3,533,242.	12,546,318.
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.
	<b>Total.</b> Add lines 1 through 3 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)	1,351,590.	1,670,690.	3,146,602.	2,844,194.	3,533,242.	12,546,318. 6,212,456.
6	<b>Public support.</b> Subtract line 5 from line 4						6,333,862.
Sec	tion B. Total Support						_
Cale: begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	1,351,590.	1,670,690.	3,146,602.	2,844,194.	3,533,242.	12,546,318.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,019.	46,244	47,110.	68,390.	133,396.	317,159.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		S	.,,==0		200,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,C					0.
	Total support. Add lines 7 through 10	8					12,863,477.
	Gross receipts from related active		•			L	0.
	First 5 years. If the Form 990 is organization, check this box and			third, fourth, or f	ifth tax year as a	section 501(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0		1	
	Public support percentage for 20 Public support percentage from 3						49.24 % 51.23 %
	<b>33-1/3% support test—2021.</b> If t and <b>stop here.</b> The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did	d not check a box	on line 13 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 I	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 to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		picase complete	,			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2017	(6) 2010	(0) 2013	(u) 2020	(6) 2021	(i) Total
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				COX		
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.			CUR	<b>/</b>		
С	Add lines 7a and 7b			~9			
	Public support. (Subtract line 7c from line 6.)			J			
Sec	tion B. Total Support				T	T	_
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(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	8					
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	<b>)</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.)					F01( )(2)	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ITTN tax year as a	Section 501(c)(3)	▶
	tion C. Computation of Pul Public support percentage for 20			no 12 octumn (A	`	15	0,
		• •			•		<u>%</u> %
	Public support percentage from 2					16	<u> </u>
	tion D. Computation of Inv				.mn (f)	1 4 7 1	0.
		•	• • •	-			<u> </u>
	Investment income percentage f					<u> </u>	
	<b>33-1/3% support tests—2021.</b> If is not more than 33-1/3%, check <b>33-1/3% support tests—2020.</b> If t	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	
	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	e organization qu	alifies as a public	ly supported organ	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	2		
	described in section 509(a)(1) or (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.	<b>4</b> a		
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		
		70		
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 accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? If 'Yes,' provide detail in <b>Part VI</b> .	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).	7		
_		,		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <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		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		\ <u>'</u>	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, 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	1	Yes	No
2	Did that of benear	the tax year.  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		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch 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		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	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	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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		
3	voice all tin	ason of the relationship described on 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		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
i	a   T b   T	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	a Did s suppo orgai respo	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 possive to those supported organizations, and how the organization determined that these activities constituted	2-	163	NO
ı	Did the more reaso	tantially all of its activities.  The activities described on 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 ones for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2a 2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
i	Did the each	the 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		
ı		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		

Sch	edule A (Form 990) 2021 CATHOLIC COMMUNITY FOUNDATION O	)F S/	AN 47-49	49185 Page <b>6</b>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	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 ns mu	lov. 20, 1970 (explain ir ist complete Sections A	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):			
	Average monthly value of securities	1a		
t	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	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021 BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D — Distributions

**Current Year** 

CATHOLIC COMMUNITY FOUNDATION OF SAN 47-4949185

1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		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 organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.		0		
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
t	From 2017				
	From 2018				
	From 2019	.0~			
	From 2020				
	f Total of lines 3a through 3e				
Ç	Applied to underdistributions of prior years				
ŀ	Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				

Schedule A (Form 990) 2021 BAA

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See

7 Excess distributions carryover to 2022. Add lines 3j and 4c.

instructions.

8 Breakdown of line 7: a Excess from 2017..... **b** Excess from 2018..... c Excess from 2019..... d Excess from 2020..... e Excess from 2021..... 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.)



BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

# SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF SAN

DII	EGO		47-4949185
Pai	rt   Organizations Maintaining Dono	r Advised Funds or Other Simila	r Funds or Accounts.
	Complete if the organization answ	vered 'Yes' on Form 990, Part IV	, line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		106
2	Aggregate value of contributions to (during year)	3,533,2	•
3	Aggregate value of grants from (during year)	1,672,4	
4	Aggregate value at end of year	6,037,5	041.
5	Did the organization inform all donors and dor are the organization's property, subject to the		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any	other purpose conferring
Pai	rt II Conservation Easements.		
	Complete if the organization answ	vered 'Yes' on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (for examp	le, recreation or education)	servation of a historically important land area
	Protection of natural habitat	Pre	servation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribution in	
			Held at the End of the Tax Year
	a Total number of conservation easements		
	<b>b</b> Total acreage restricted by conservation easer		
	c Number of conservation easements on a certif		<del> </del>
•	<b>d</b> Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to conse		
5	Does the organization have a written policy re	garding the periodic monitoring, inspection	on, handling of violations,
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring, i		
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote tonservation easements.	orts conservation easements in its rever o the organization's financial statements	ue and expense statement and balance sheet, and that describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasure vered 'Yes' on Form 990, Part IV	es, or Other Similar Assets. , line 8.
1:	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	d for public exhibition, education, or rese	nue statement and balance sheet works of art, earch in furtherance of public service, provide in
١	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or research in	n furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	amounts required to be reported under FASB	ASC 958 relating to these items:	
	a Revenue included on Form 990, Part VIII, line		
I	<b>b</b> Assets included in Form 990, Part X	<u></u>	▶\$

Part III Organizations Mainta	ining Collections	s of Art, Historic	ai Treasures, or O	tner Similar Asse	ets (continu	ea)		
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any o	f the following that make	e significant use of its o	collection			
a Public exhibition d Loan or exchange program								
b Scholarly research e Other								
c Preservation for future gener	ations							
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they fur	ther the organization's ex	xempt purpose in				
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	d as part of the organ	nization's collection?		Yes	No		
Part IV Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if the 990, Part X, line	organization answ e 21.	ered 'Yes' on For	m 990, Par	t IV,		
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or otl	ner intermediary for	contributions or other a	assets not included	Yes	X No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and con	nplete the following t	able:			<u> </u>		
				A	Amount			
<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.		
2a Did the organization include an a	mount on Form 990	Part X, line 21, for	escrow or custodial ac	count liability? 2	X Yes	No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check I	nere if the explanation	on has been provided o	n Part XIII		X		
		EE PART XIII	()		<u> </u>			
Part V Endowment Funds. C			ered 'Yes' on Form	n 990. Part IV. lin	e 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back		
<b>1 a</b> Beginning of year balance	4,023,494.	3,163,516		893,417.		000.		
<b>b</b> Contributions	463,264.	399,483		377,922.		620.		
	403,204.	333,403	1,030,114.	311,322.	414,	020.		
c Net investment earnings, gains, and losses	536,690.	496,463	364,212.	-75,245.	77,	411.		
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs	57,162.	35,968	. 22,876.	10,028.	6,	614.		
f Administrative expenses		200 101	0 100 510	1 100 000	222			
<b>g</b> End of year balance	4,966,286.				893,	417.		
2 Provide the estimated percentage	-		g, column (a)) held as:					
a Board designated or quasi-endowm		<u> </u>						
<b>b</b> Permanent endowment ►	100.00							
c Term endowment ►	%							
The percentages on lines 2a, 2b, an								
<b>3a</b> Are there endowment funds not in torganization by:	ne possession of the	organization that are r	ield and administered to	r tne	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					3b			
4 Describe in Part XIII the intended	-	•			35	<u> </u>		
		ation's endownient i	ulus. SEE PARI	VIII				
Part VI Land, Buildings, and Complete if the organi		'Yes' on Form 9	90, Part IV, line 1	1a. See Form 990	), Part X, li	ne 10.		
Description of property		t or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue		
<b>1 a</b> Land		638,000.			638	,000.		
<b>b</b> Buildings		·						
c Leasehold improvements								
<b>d</b> Equipment								
e Other								
Total. Add lines 1a through 1e. (Colum		rm 990 Part Y 00111	mn (R) line 10c )	<b>&gt;</b>	630	000		
BAA	ii (u) iiiust equal FU	550, r art A, colu	יייי (ט), ווווכ וטנ.)		038 30 lle D (Form 99)	<u>, 000.</u>		
				Juleuu	ווווט ון עו טווו	,, <u> </u>		

TEEA3302L 08/30/21

	Complete if the organization answered	TYES ON FORM GOI	) Part IV III	16   IU 200 L	orm 990 Part X Tine 12
	tion of security or category (including name of security)	(b) Book value			or end-of-year market value
	derivatives		(-/		•
` '	neld equity interests				
(3) Other (	COLLECTIVE INVESTMENT FUNDS	8,404,800.	END OF YE	AR MARKET	VALUE
		., . ,	-		
(B)	RT_XIII				
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)					
(l) T-t-1 (0-/	(h)	07 400 010			
	(b) must equal Form 990, Part X, column (B) line 12.) •  nvestments — Program Related.	87,420,212.	N.	′ 7\	
Part VIII	Complete if the organization answered	'Yes' on Form 990	N/ D. Part IV. lir	ne 11c. See Fo	orm 990. Part X. line 13
	(a) Description of investment	<b>(b)</b> Book value	(c) Method o	f valuation: Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		~~			
(10)	(h) must squal Form 000 Part V salumn (P) line 12)	<del></del>			
Total. (Column	(b) must equal Form 990, Part X, column (B) line 13.) ▶	N/A			
Total. (Column	<b>Other Assets.</b> Complete if the organization answered		), Part IV, lir	ne 11d. See Fo	
Total. (Column ) Part IX	<b>Other Assets.</b> Complete if the organization answered	N/A 'Yes' on Form 990 scription	, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15
Total. (Column ) Part IX (	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	, Part IV, lir	ne 11d. See Fo	
Total. (Column   Part IX (	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	), Part IV, lir	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	D, Part IV, lir	ne 11d. See Fo	
Total. (Column (1) (2) (3) (4)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	D, Part IV, lir	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	), Part IV, lin	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	), Part IV, Iir	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	D, Part IV, lir	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	<b>Other Assets.</b> Complete if the organization answered	Yes' on Form 990	D, Part IV, lin	ne 11d. See Fo	
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered (a) Dec	'Yes' on Form 990 scription	), Part IV, lir		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column	Other Assets. Complete if the organization answered (a) December (a) D	'Yes' on Form 990 scription	), Part IV, lir		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column	Other Assets. Complete if the organization answered  (a) December (a)	Yes' on Form 990 scription	O, Part IV, lin		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description	Yes' on Form 990 scription	O, Part IV, lin		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column  Part X (1) Federa	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25.
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI (3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI (3) (4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) (1) Federa (2) REFUI (3) (4) (5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI (3) (4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) (1) Federa (2) REFUI (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description  (b) Tincome taxes	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) (1) Federa (2) REFUI (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description  (b) Tincome taxes	3) line 15.)orm 990, Part IV, line 1	O, Part IV, lin		(b) Book value ▶ line 25. (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Federa (2) REFUI (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) Description (c) Desc	B) line 15.)	), Part IV, lin	orm 990, Part X,	(b) Book value  b  line 25.  (b) Book value  48, 910.
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (2) REFUI (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (1) Federa	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, column (b)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description  (a) Description  (b) Tincome taxes	B) line 15.)	1e or 11f. See F	orm 990, Part X,	(b) Book value ▶ line 25. (b) Book value  48, 910.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	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	4,992,329.
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	664,383.
3 Subtract line 2e from line 1	3	4,327,946.
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	4,327,946.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,286,207.
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	2,286,207.
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.) 4b		
c Add lines 4a and 4b.  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c	2,286,207.
	5	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F

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

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

BAA Schedule D (Form 990) 2021

### Part XIII | Supplemental Information (continued)

## SCHEDULE D, PART VII INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BOOK VALUE	METHOD OF VALUATION
MUTUAL FUNDS-BALANCED	4,284,121.	END OF YEAR MARKET VALUE
MUTUAL FUNDS-EQUITY		END OF YEAR MARKET VALUE
CASH AND EQUIVALENTS	2,193,487.	END OF YEAR MARKET VALUE
MUTUAL FUNDS-GENERAL		END OF YEAR MARKET VALUE
MUTUAL FUNDS - FIXED INCOME	11,984,098.	END OF YEAR MARKET VALUE
DOMESTIC COMMON STOCKS	9,512,991.	END OF YEAR MARKET VALUE
US GOVERNMENT ISSUES	6,081,270.	END OF YEAR MARKET VALUE
CORPORATE ISSUES	6,258,256.	END OF YEAR MARKET VALUE
FOREIGN STOCKS	485,334.	END OF YEAR MARKET VALUE
FOREIGN ISSUES	856,875.	END OF YEAR MARKET VALUE
PARTNERSHIPS/JOINT VENTURES	13,718,580.	END OF YEAR MARKET VALUE
TOTA	L \$79,015,412.	

### **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 08/30/21 **Schedule D (Form 990) 2021** 

### 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.

TEEA3901L 07/12/21

Open to Public Inspection

OMB No. 1545-0047

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 noncash (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 assistance or assistance (1) SEE ATTACHMENT 4747 MORENA BLVD. STE 300 SAN DIEGO, CA 92117 1,671,282 0 SEE ATTACHMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ......
- 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			P		

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) 2021

# CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO IRS FORM 990, SCH I, PART II, LINE 1 GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS FEIN 47-4949185

Name	Address		City	State	Zipcode Federal EIN	IRC section	Amount of Cash assistance		non- Method of non-	Grant Purpose
40 Days for Life	4112 East 29th Street		Bryan	TX	77802 26-0308665	501(C)(3)	\$ 250.0		- Cash	General Support
Alpha Project for the Homeless	3737 Fifth Avenue	Suite 203	San Diego	CA	92103 33-0215585	501(C)(3)	\$ 2,500.0		- Cash	11th Annual Charity Golf Classic
Alzheimer's San Diego	6632 Convoy Court	Juile 203	San Diego	CA	92111 47-5534541	501(C)(3) 501(C)(3)	\$ 2,000.0	•	- Cash	Caretaker Relief
_	·		•				·	-		
Alzheimer's San Diego	6632 Convoy Court		San Diego	CA	92111 47-5534541	501(C)(3)	\$ 1,000.0	•	- Cash	Memory of Stuart Edleson
Alzheimer's San Diego	6632 Convoy Court	C:t- F00	San Diego	CA	92111 47-5534541	501(C)(3)	\$ 1,000.0	•	- Cash	In memory of Stuart Edleson
Americans United for Life	1150 Connecticut Avenue NW	Suite 500	Washington	DC	20036 36-3906065	501(C)(3)	\$ 300.0	-	- Cash	General Support
Angels Foster Family Agency	9295 Farnham Street	Suite 200	San Diego	CA	92123 33-0825875	501(C)(3)	\$ 5,000.0		- Cash	General Support
Augustine Institute, Inc.	6160 S Syracuse Way, Ste. 310		Greenwood Village		80111 20-2349108	501(C)(3)	\$ 500.0	-	- Cash	General Fund
Big Brothers Big Sisters of San Diego County	4305 University Ave.	Suite 590	San Diego	CA	92105 95-2151526	501(C)(3)	\$ 15,000.0		- Cash	60th Anniversary Campaign Q1
Big Brothers Big Sisters of San Diego County	4305 University Ave.	Suite 590	San Diego	CA	92105 95-2151526	501(C)(3)	\$ 15,000.0	-	- Cash	60th Anniversary Campaign Q2
Big Brothers Big Sisters of San Diego County	4305 University Ave.	Suite 590	San Diego	CA	92105 95-2151526	501(C)(3)	\$ 15,000.0		- Cash	60th Anniversary Campaign Q3
Big Brothers Big Sisters of San Diego County	4305 University Ave.	Suite 590	San Diego	CA	92105 95-2151526	501(C)(3)	\$ 15,000.0	0 \$	- Cash	60th Anniversary Campaign Q4
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501(C)(3)	\$ 5,000.0	0 \$	- Cash	General Operations
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501 <mark>(</mark> C)(3)	\$ 2,400.0	0 \$	- Cash	Guatemala Family - Education
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501(C)(3)	\$ 20,000.0	0 \$	- Cash	General Financial Support
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501(C)(3)	\$ 10,000.0	0 \$	- Cash	Community & Educational Support
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501(C)(3)	\$ 15,000.0	0 \$	- Cash	Community Center Support
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924 33-0971124	501(C)(3)	\$ 20,000.0	0 \$	- Cash	Reading Program
alifornia State University San Marcos Foundation	333 S Twin Oaks Valley Road		San Marcos	CA	92096 80-0390564	501(C)(3)	\$ 25,000.0	0 \$	- Cash	Epstein Family Veterans Center
asa Cornelia Law Center	2760 Fifth Avenue	Suite 200	San Diego	CA	92103-6330 33-0719221	501(C)(3)	\$ 10,000.0		- Cash	Law Center
asa de Los Pobres	PO Box 9596		San Diego	CA	92169 45-0514951	501(C)(3)	\$ 2,000.0		- Cash	General Support
athedral Catholic High School	5555 Del Mar Heights Road		San Diego	CA	92130 51-0464013	501(C)(3)	\$ 9,323.2	•	- Cash	Mario Fierro Scholarship Fund
atholic Answers, Inc.	2020 Gillespie Way		El Cajon	CA	92020 95-3754404	501(C)(3)	\$ 1,500.0	•	- Cash	General Support
atholic Answers, Inc.	2020 Gillespie Way		El Cajon	CA	92020 95-3754404	501(C)(3)	\$ 1,500.0		- Cash	General Support
Catholic Answers, Inc.	2020 Gillespie Way		El Cajon	CA	92020 95-3754404	501(C)(3)	\$ 2,000.0		- Cash	Giving Tuesday
Catholic Charities Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 23-7334012	501(C)(3)	\$ 4,000.0		- Cash	Immigration/Refugee Servicecs
Catholic Charities Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 23-7334012	501(C)(3)	\$ 2,000.0		- Cash	General Support
Catholic Charities Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 23-7334012	501(C)(3) 501(C)(3)	\$ 2,000.0		- Cash	General Support
<u> </u>			_				·	-		• •
atholic Charities Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 23-7334012	501(C)(3)	\$ 1,000.0		- Cash	General Support
atholic Charities USA	2050 Ballenger Ave #400	c :: 2000	Alexandria	VA	22314 53-0196620	501(C)(3)	\$ 2,500.0		- Cash	Refugee Services or Emergency Re
Catholic Extension	150 S. Wacker Drive	Suite 2000		) IL	60606 36-6000520	501(C)(3)	\$ 3,000.0		- Cash	Socius Circle - Seminarian Funding
Catholic Extension	150 S. Wacker Drive	Suite 2000		IL 	60606 36-6000520	501(C)(3)	\$ 2,000.0		- Cash	Mission Churches
atholic Extension	150 S. Wacker Drive	Suite 2000		IL	60606 36-6000520	501(C)(3)	\$ 10,000.0		- Cash	General Support
atholic Relief Services	228 W Lexington St.		Baltimore	MD	21201 13-5563422	501(C)(3)	\$ 3,500.0		- Cash	Greatest Need
Catholic Relief Services	228 W Lexington St.		Baltimore	MD	21201 13-5563422	501(C)(3)	\$ 1,000.0		- Cash	General Support
atholic Relief Services	228 W Lexington St.		Baltimore	MD	21201 13-5563422	501(C)(3)	\$ 2,000.0	0 \$	- Cash	General Support
atholic Relief Services	228 W Lexington St.		B <mark>a</mark> ltimore	MD	21201 13-5563422	501(C)(3)	\$ 1,000.0	0 \$	- Cash	General Support
atholic Relief Services	228 W Lexington St.		Baltimore	MD	21201 13-5563422	501(C)(3)	\$ 20,000.0	0 \$	- Cash	Famine Relief - Madagascar
atholicVote Education Fund	PO Box 3310		Carmel	IN	46082 20-2787890	501(C)(3)	\$ 500.0	0 \$	- Cash	General Support
hallenged Athletes, Inc.	9591 Waples St.		San Diego	CA	92121 33-0739596	501(C)(3)	\$ 10,000.0	0 \$	- Cash	Million Dollar Challenge
hallenged Athletes, Inc.	9591 Waples St.	<b>5 Y</b>	San Diego	CA	92121 33-0739596	501(C)(3)	\$ 10,000.0	0 \$	- Cash	Million Dollar Challenge
hesterton Academy of the Holy Family	5205 Kingston Avenue		Lisle	IL	60532 47-1083471	501(C)(3)	\$ 7,500.0	0 \$	- Cash	General Support
hildren of the Immaculate Heart	PO Box 13954		San Diego	CA	92170 46-3954106	501(C)(3)	\$ 20,000.0	0 \$	- Cash	Young Women Refuge
ommunity HousingWorks	3111 Camino Del Rio North	Suite 800	San Diego	CA	92108-5720 33-0317950	501(C)(3)	\$ 5,000.0		- Cash	DreamBuilder: Everyday Heroes
ppley-Price Family YMCA	4300 El Cajon Blvd.		San Diego	CA	92105 46-3504414	501(C)(3)	\$ 2,400.0		- Cash	Annual Support Campaign
risto Rey San Diego High School	3525 Del Mar Heights Rd #882		San Diego	CA	92130-2122 82-1922472	501(C)(3)	\$ 5,000.0		- Cash	General Support
risto Rey San Diego High School	3525 Del Mar Heights Rd #882		San Diego	CA	92130-2122 82-1922472	501(C)(3)	\$ 1,500.0		- Cash	Tuition Assistance
risto Rey San Diego High School	3525 Del Mar Heights Rd #882		San Diego	CA	92130-2122 82-1922472	501(C)(3)	\$ 100,000.0		- Cash	General Support
risto Rey San Diego High School	3525 Del Mar Heights Rd #882		San Diego	CA	92130-2122 82-1922472	501(C)(3)	\$ 27,600.0		- Cash	Annual Support/Tree Maintenance
,	362 W Mission Ave.	Ste. 105	Escondido	CA	92025 91-2169315		\$ 27,000.0			• • • • • • • • • • • • • • • • • • • •
ulture of Life Family Services						501(C)(3)	•		- Cash	General Support
ulture of Life Family Services	362 W Mission Ave.	Ste. 105	Escondido	CA	92025 91-2169315	501(C)(3)	\$ 1,000.0		- Cash	General Support
ramien House, Inc.	4407 N Elston Ave.		Chicago	IL 	60630 36-4009258	501(C)(3)	\$ 1,000.0		- Cash	General Support
ramien House, Inc.	4407 N Elston Ave.		Chicago	IL	60630 36-4009258	501(C)(3)	\$ 500.0		- Cash	Friends & Helpers of Madre Beren
Damien House, Inc.	4407 N Elston Ave.		Chicago	IL	60630 36-4009258	501(C)(3)	\$ 1,000.0	•	- Cash	General Support
Diocese of Phoenix	400 E Monroe St.		Phoenix	AZ	85004-2336 86-0223974	501(C)(3)	\$ 500.0		- Cash	CDA - St. Germaine Parish
Disabled American Veterans Charitable Service Trust	860 Dolwick Dr.		Erlanger	KY	41018 52-1521276	501(C)(3)	\$ 500.0	•	- Cash	Honor of Stuart Edleson
Disabled American Veterans Charitable Service Trust	860 Dolwick Dr.		Erlanger	KY	41018 52-1521276	501(C)(3)	\$ 500.0	0 \$	- Cash	Pocket Planner Campaign
Dominican Friars - Central Province	1910 S. Ashland Ave.		Chicago	IL	60608 36-4240359	501(C)(3)	\$ 5,000.0	0 \$	- Cash	1216 Annual Appeal
Doors of Change	PO Box 177		Cardiff	CA	92007 77-0606859	501(C)(3)	\$ 1,000.0	0 \$	- Cash	<b>Homeless Youth Programs</b>
Dynamic Catholic Institute	5081 Olympic Blvd.		Erlanger	KY	41018 26-4549213	501(C)(3)	\$ 3,000.0	0 \$	- Cash	Ambassadors Club
	5081 Olympic Blvd.		Erlanger	KY	41018 26-4549213		\$ 600.0		- Cash	2021 Ambassador's Club

								Amount o	f Cash_	Amount of non-	- Method of	
<u>Name</u>	<u>Address</u>	<u> </u>	City	<u>State</u>	<b>Zipcode</b>	Federal EIN	IRC section			cash assistance		Grant Purpose
Dynamic Catholic Institute	5081 Olympic Blvd.		Erlanger	KY	4101	L8 26-4549213	501(C)(3)	\$	5,000.00	\$ -	Cash	Dynamic Parish Program
Dynamic Catholic Institute	5081 Olympic Blvd.	Е	Erlanger	KY	4102	L8 26-4549213	501(C)(3)	\$	500.00	\$ -	Cash	Ambassadors Club
Dynamic Catholic Institute	5081 Olympic Blvd.	Е	Erlanger	KY	4101	18 26-4549213	501(C)(3)	\$	200,000.00	\$ -	Cash	General Support
Dynamic Catholic Institute	5081 Olympic Blvd.	Е	Erlanger	KY	4101	18 26-4549213	501(C)(3)	\$	1,500.00	\$ -	Cash	General Support
East County Transitional Living Center, Inc	1527 E. Main Street	E	El Cajon	CA	9202	21 27-0865318	501(C)(3)	\$	40,000.00	\$ -	Cash	Matching Opportunity
El Valor	1850 W. 21st Street	C	Chicago	IL	6060	08 23-7294683	501(C)(3)	\$	10,000.00	\$ -	Cash	Adult Community Day Service
Evangelical Catholic, Inc.	6602 Normandy Lane FL 2	N	Madison	WI	5372	19 39-1947596	501(C)(3)	\$	12,000.00	\$ -	Cash	St. Charles Parish Support
Evangelical Catholic, Inc.	6602 Normandy Lane FL 2	N	Madison	WI	5372	19 39-1947596	501(C)(3)	\$	5,000.00	\$ -	Cash	Southern California Expansion
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	1,000.00	\$ -	Cash	General Support
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	100,000.00	\$ -	Cash	Hope Lives Here Campaign
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	2,000.00	\$ -	Cash	Christmas Support
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	5,000.00	\$ -	Cash	Children's Charity Gala
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	1,000.00	\$ -	Cash	General Support
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501 <mark>(</mark> C)(3)	\$	25,000.00	\$ -	Cash	Christmas for Children
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	5,000.00	\$ -	Cash	Homeless Programs
Father Joe's Villages	3350 E St.	S	San Diego	CA	9210	02 33-0492302	501(C)(3)	\$	10,000.00	\$ -	Cash	Fr. Joe Carroll Memorial Promenade
Feeding San Diego	9455 Waples St. Suite	135 S	San Diego	CA	9212	21 26-0457477	501(C)(3)	\$	4,000.00	\$ -	Cash	General Support
Fenwick High School	505 W Washington Blvd	C	Oak Park	IL	6030	02 36-1066828	501(C)(3)	\$	7,500.00	\$ -	Cash	Raise the Shield Campaign
Fenwick High School	505 W Washington Blvd	C	Oak Park	IL	6030	02 36-1066828	501(C)(3)	\$	5,000.00	\$ -	Cash	Pass the Torch 2021
FOCUS	PO Box 17408	[	Denver	CO	8021	17 84-1522811	501(C)(3)	\$	2,500.00	\$ -	Cash	Focus Ministry Support
Foundation for Children in Need	PO Box 1247	A	Arlington Heights	IL	60006-1247	32-0015758	501(C)(3)	\$	680.00	\$ -	Cash	Sponsorships
Gentle Giants Draft Horse Rescue	PO Box 5058	H	Hagerstown	MD	21741-5058	59-3822764	501(C)(3)	\$	500.00	\$ -	Cash	General Support
Gentle Giants Draft Horse Rescue	PO Box 5058	H	Hagerstown	MD	21741-5058	59-3822764	501(C)(3)	\$	1,500.00	\$ -	Cash	Support As Needed
Gentle Giants Draft Horse Rescue	PO Box 5058	H	Hagerstown	MD	21741-5058	59-3822764	501(C)(3)	\$	500.00	\$ -	Cash	General Support
Grandma Lulu's Table	PO Box 501955	S	San Diego	CA	92150-1955	84-4675479	501(C)(3)	\$	10,000.00	\$ -	Cash	Where Everyone Eats
Hillsdale College	33 E College St	H	Hillsdale	MI	49242-1205	38-1374230	501(C)(3)	\$	1,000.00	\$ -	Cash	2021 Annual Fund
H.O.S.T.	PO Box 710751	S	San Diego	CA	9217	71 81-2952158	501(C)(3)	\$	1,500.00	\$ -	Cash	Emergency Housing Scholarship
Informed Prostate Cancer Support Group	P.O. Box 420142	S	San Diego	CA	9214	12 54-2141691	501(C)(3)	\$	4,900.00	\$ -	Cash	General Support
Interfaith Community Services	550 W. Washington Ave.	E	Escondido	CA	9202	25 95-3837714	501(C)(3)	\$	5,000.00	\$ -	Cash	Giving Tuesday Matching Challenge
International Relief Teams	4560 Alvarado Canyon Rd., Suite 1H	S	San Diego	CA	9212	20 33-0412751	501(C)(3)	\$	2,500.00	\$ -	Cash	Haiti Earthquake Relief
International Relief Teams	4560 Alvarado Canyon Rd., Suite 1H	S	San Diego	CA	9212	20 33-0412751	501(C)(3)	\$	10,000.00	\$ -	Cash	Gifts Hope Gala 2021
International Relief Teams	4560 Alvarado Canyon Rd., Suite 1H	S	San Diego	CA	9212	20 33-0412751	501(C)(3)	\$	2,500.00	\$ -	Cash	Gifts of Hope Virtual Gala
Just in Time for Foster Youth	PO Box 601627	S	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$	5,000.00	\$ -	Cash	College Bound
Just in Time for Foster Youth	PO Box 601627	S	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$	1,000.00	\$ -	Cash	General Operations
Just in Time for Foster Youth	PO Box 601627	5	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$	5,000.00	\$ -	Cash	2021 Walk the Talk
Just in Time for Foster Youth	PO Box 601627	S	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$	2,500.00	\$ -	Cash	Empower Initiative
Life Choices San Diego	13412 Pomerado Road Suite	C F	Poway	CA	9206	54 33-0147357	501(C)(3)	\$	5,000.00	\$ -	Cash	General Support
Life Choices San Diego	13412 Pomerado Road Suite	C F	Poway	CA	9206	54 33-0147357	501(C)(3)	\$	10,000.00	\$ -	Cash	Year End Gift Matching Challenge
Life Choices San Diego	13412 Pomerado Road Suite	C F	Poway	CA	9206	54 33-0147357	501(C)(3)	\$	5,000.00	\$ -	Cash	35th Annual Gala Underwriting
Life Perspectives	4579 Mission Gorge Place	S	San Diego	CA		20 33-0884706	501(C)(3)	\$	15,000.00	\$ -	Cash	Pregnancy Loss
Life Perspectives	4579 Mission Gorge Place	S	San Diego	CA	9212	20 33-0884706	501(C)(3)	\$	2,000.00	\$ -	Cash	Forget Me Not Program
Lifesavers Wild Horse Rescue	PO Box 1226	l	Merrifield	VA	22116-1226	95-4631906	501(C)(3)	\$	1,000.00	\$ -	Cash	General Support
Lifesavers Wild Horse Rescue	PO Box 1226	l	Merrifield	VA	22116-1226	95-4631906	501(C)(3)	\$	1,000.00	\$ -	Cash	National Communications Center
Lifesavers Wild Horse Rescue	PO Box 1226	l	Merrifield	VA	22116-1226	95-4631906	501(C)(3)	\$	3,000.00	\$ -	Cash	Rescued Horse Care
Lifesavers Wild Horse Rescue	PO Box 1226	N	Merrifield	VA	22116-1226	95-4631906	501(C)(3)	\$	750.00	•	Cash	General Support
Lions Tigers & Bears	24402 Martin Way	P	Alpine	CA		01 33-0938499	501(C)(3)	\$	500.00	•	Cash	General Support
Lions Tigers & Bears	24402 Martin Way	P	Alpine	CA		01 33-0938499	501(C)(3)	\$	500.00	\$ -	Cash	2021 Renewal
Luke 18:1 Foundation	PO Box 93136		Southlake	TX		92 82-1793314	501(C)(3)	\$	3,000.00		Cash	Links 4 Luke
Midland Community Cancer Services	400 Ashman St., Suite 200		Midland	MI		10 38-6073785	501(C)(3)	\$	2,500.00	•	Cash	Captain Annie's Golf Outing
Miles Christi Religious Order	PO Box 910331		San Diego	CA	92191-0331	38-3560891	501(C)(3)	\$	2,000.00	\$ -	Cash	Spiritual Retreats
Miles Christi Religious Order	PO Box 910331		San Diego	CA	92191-0331	38-3560891	501(C)(3)	\$	500.00	\$ -	Cash	General Support
Mission of Our Lady of Mercy, Inc.	1140 W. Jackson Blvd.		Chicago	IL	60607-9952	36-2171726	501(C)(3)	\$	5,000.00	•	Cash	Helping Children
Mission of Our Lady of Mercy, Inc.	1140 W. Jackson Blvd.		Chicago	IL	60607-9952	36-2171726	501(C)(3)	\$	5,000.00		Cash	Summer Support
Mission of Our Lady of Mercy, Inc.	1140 W. Jackson Blvd.		Chicago	IL	60607-9952	36-2171726	501(C)(3)	\$	10,000.00	•	Cash	General Support
Nativity Prep Academy of San Diego	4463 College Avenue		San Diego	CA		15 33-0886247	501(C)(3)	\$	1,500.00	\$ -	Cash	Annual Support
Nativity Prep Academy of San Diego	4463 College Avenue		San Diego	CA		15 33-0886247	501(C)(3)	\$	200.00	\$ -	Cash	General Support
Nativity Prep Academy of San Diego	4463 College Avenue		San Diego	CA		15 33-0886247	501(C)(3)	\$	150,000.00	•	Cash	General Support
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive		Lakeside	CA	92040-3397	27-3860686	501(C)(3)	\$	400.00	\$ -	Cash	General Support
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive		Lakeside	CA	92040-3397	27-3860686	501(C)(3)	\$	400.00	\$ -	Cash	Support as needed
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive		Lakeside	CA	92040-3397	27-3860686	501(C)(3)	Ş	400.00	Ş -	Cash	General Support
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive	L	Lakeside	CA	92040-3397	27-3860686	501(C)(3)	\$	400.00	\$ -	Cash	Support as needed

# CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO IRS FORM 990, SCH I, PART II, LINE 1 GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS FEIN 47-4949185

							Amount of Cash	Amount of non- Method of	
<u>Name</u>	<u>Address</u>		<u>City</u>	<u>State</u>	Zipcode Federal El	N IRC section	assistance_	cash assistance valuation	Grant Purpose
PassionLife Ministries	PO Box 862223		Marietta	GA	30062 61-168812	2 501(C)(3)	\$ 5,000.0	00 \$ - Cash	General Support
Peaceful Valley Donkey Rescue, Inc.	PO Box 216		Miles	TX	76861 77-056280	0 501(C)(3)	\$ 1,000.0	00 \$ - Cash	Support as needed
Peaceful Valley Donkey Rescue, Inc.	PO Box 216		Miles	TX	76861 77-056280	0 501(C)(3)	\$ 1,000.0	00 \$ - Cash	Rescued Donkey Adoption
Peaceful Valley Donkey Rescue, Inc.	PO Box 216		Miles	TX	76861 77-056280	0 501(C)(3)	\$ 300.0	-	General Support
Peaceful Valley Donkey Rescue, Inc.	PO Box 216		Miles	TX	76861 77-056280	0 501(C)(3)	\$ 500.0	00 \$ - Cash	General Support
Peaceful Valley Donkey Rescue, Inc.	PO Box 216		Miles	TX	76861 77-056280		\$ 1,000.0		As Needed
Pregnancy Care Center	677 S. Magnolia Avenue		El Cajon	CA	92020 33-057630	` '\ '	\$ 375.0	·	Support as needed
Pregnancy Care Center	677 S. Magnolia Avenue		El Cajon	CA	92020 33-057630		\$ 375.0	·	General Support
Pregnancy Care Center	677 S. Magnolia Avenue		El Cajon	CA	92020 33-057630		\$ 375.0	·	Support as needed
Pregnancy Care Center	677 S. Magnolia Avenue		El Cajon	CA	92020 33-057630		\$ 375.0	·	General Support
Project H.O.O.D.	6620 South King Drive		Chicago	IL	60637 45-396488	` '\ '	\$ 10,000.0	·	10th Anniversary Tent-A-Thon
Purdue Research Foundation	403 West Wood Street		West Lafayette	IN	47907 35-105204	٠,٠,	\$ 10,000.0		General Support
Redwings Horse Sanctuary	PO Box 186		Paso Robles	CA	93447 77-026964	, , ,	\$ 1,000.0	·	Annual Phantom (Thanksgiving) Feast
Redwings Horse Sanctuary	PO Box 186		Paso Robles	CA	93447 77-026964	. , , ,		·	Tractor fund
Redwings Horse Sanctuary	PO Box 186		Paso Robles	CA	93447 77-026964			·	General Support
Redwings Horse Sanctuary	PO Box 186		Paso Robles	CA	93447 77-026964		\$ 1,000.0		Capital Campaign - Permanent Home
Redwings Horse Sanctuary	PO Box 186		Paso Robles	CA	93447 77-026964		\$ 1,000.0	·	General Support
Relevant Radio	PO Box 10707		Green Bay	WI	54307-0707 39-200306	, ,, ,	\$ 1,000.0		August Pledge Drive
Relevant Radio Relevant Radio	PO Box 10707 PO Box 10707		Green Bay	WI	54307-0707 39-200306 54307-0707 39-200306		\$ 1,000.0	·	General Support
Relevant Radio	PO Box 10707 PO Box 10707		Green Bay	WI	54307-0707 39-200306	. ,, ,	\$ 1,000.0	·	General Support
Rise Up Industries	8530 Roland Acres Drive		Green Bay Santee	WI CA	92071 80-090893	. ,, ,	\$ 1,000.0 \$ 2,500.0	·	General Support Big Night Out
Rise Up Industries	8530 Roland Acres Drive		Santee	CA	92071 80-090893		\$ 2,500.0 \$ 25,000.0	·	General Support
Rise Up Industries	8530 Roland Acres Drive		Santee	CA	92071 80-090893		\$ 23,000.0		General Support
Rise Up Industries	8530 Roland Acres Drive		Santee	CA	92071 80-090893	. ,, ,	\$ 5,000.0	·	Big Night Out
Ronald Mcdonald House Charities Of San Diego Inc	2929 Childrens Way		San Diego	CA	92123-4210 95-325149	. ,, ,	\$ 20,000.0	·	Family Support
San Diego Humane Society	5500 Gaines St.		San Diego	CA	92110 95-166168		\$ 20,000.0		2021 SDHS Day Of Giving
San Diego Police Officers Association, Inc. Foundation	8388 Vickers Street		San Diego	CA	92111 33-012736	, ,, ,	\$ 6,400.0	·	Widows & Orphans Fund
Saved in America, Inc.	P.O. Box 1469		Valley Center	CA	92082 82-334043		\$ 20,000.0		Operations and Rehabilitation
Scripps Health Foundation	354 Santa Fe Drive ENC63		Encinitas	CA	92024 95-168408	. ,, ,	\$ 2,000.0		Scripps Mercy
Scripps Ranch Theatre	10755 F Scripps Poway Pkwy	PMB187	San Diego	CA	92131 91-19974		\$ 1,000.0		General Support
Serving Hands International	4607 Mission Gorge Place	1 WIDIO7	San Diego	CA		7996 501(C)(3)	\$ 50,000.0	·	Mexico
Serving Seniors	525 14TH ST	Suite 200		CA	92101-7544 95-285012		\$ 10,000.0	·	Christmas Gift
Serving Seniors	525 14TH ST	Suite 200		CA	92101-7544 95-285012		\$ 5,000.0		Annual Support
Sharp Healthcare Foundation	8695 Spectrum Center Blvd.	303	San Diego	CA	92123 95-349246		\$ 10,000.0	·	Nurse Education Support
Slave 2 Nothing Foundation	4199 Campus Drive, 9th Floor		Irvine	CA	92612 47-471208		\$ 500.0	·	Fight Human Trafficking
Society for the Propagation of the Faith - Diocese of San Diego	3888 Paducah Dr.		San Diego	CA	92117 95-164463		\$ 1,000.0	·	Mission Sunday
St. Benedict's Abbey	12605 224th Ave.		Benet Lake	WI	53102-1000 39-089053		\$ 500.0	00 \$ - Cash	Merry Christmas
St. Benedict's Abbey	12605 224th Ave.		Benet Lake	WI	53102-1000 39-089053		\$ 500.0	00 \$ - Cash	Christmas Gift
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W		Thoreau	NM	87323 85-032600	9 501(C)(3)	\$ 625.0	00 \$ - Cash	Support as Needed
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W		Thoreau	NM	87323 85-032600	9 501(C)(3)	\$ 625.0	00 \$ - Cash	General Support
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W		Thoreau	NM	87323 85-032600	9 501(C)(3)	\$ 625.0	00 \$ - Cash	General Support
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W		Thoreau	NM	87323 85-032600	9 501(C)(3)	\$ 625.0	00 \$ - Cash	Support as needed
St. Brigid Parish	4735 Cass Street		San Diego	CA	92109-2698 82-517816	4 501(C)(3)	\$ 3,000.0	00 \$ - Cash	General Support
St. Brigid Parish	4735 Cass Street		San Diego	CA	92109-2698 82-517816	54 501(C)(3)	\$ 3,000.0	00 \$ - Cash	General Support
St. Brigid Parish	4735 Cass Street		San Diego	CA	92109-2698 82-517816	54 501(C)(3)	\$ 1,000.0	00 \$ - Cash	Retirement Fund for Religious
St. Brigid Parish	4735 Cass Street		San Diego	CA	92109-2698 82-517816	54 501(C)(3)	\$ 2,000.0	00 \$ - Cash	General Support
St. Brigid Parish	4735 Cass Street		San Diego	CA	92109-2698 82-517816	54 501(C)(3)	\$ 1,000.0	00 \$ - Cash	Split Purpose
St. Charles Borromeo Academy	2808 Cadiz Street		San Diego	CA	92110 82-525216		\$ 10,000.0	·	Tuition Assistance - Military Families
St. Christopher Catholic Church	39 West 200 South		Kanab	UT	84741 51-022317		\$ 500.0	·	General Fund Donation
St. Frances Animal Center	125 North Ridge Street		Georgetown	SC	29440 57-078517	. ,, ,	\$ 500.0	·	General Support
St. Germaine Catholic Church	7997 East Dana Drive		Prescott	ΑZ	86314 35-235044		\$ 1,500.0		2021 Christmas Books
St. Gregory the Great Parish	11451 Blue Cypress Drive		San Diego	CA	92131 82-520263		\$ 7,000.0	·	2021 Weekly Giving
St. Gregory the Great Parish	11451 Blue Cypress Drive		San Diego	CA	92131 82-520263		\$ 20,000.0	·	General Support
St. Katharine Drexel Academy	4551 56th Street		San Diego	CA 	92115-3629 27-397319		\$ 11,300.0		Tuition Assistance 2021-22
St. Leonard Catholic Church	3318 South Clarence Avenue		Berwyn	IL	60402 36-217106	. ,, ,	\$ 10,000.0		St. Leonard's School
St. Martin of Tours Academy	7708 El Cajon Boulevard		La Mesa	CA	91942 82-520415	. ,, ,	\$ 6,900.0	•	Tuition & Fee Assistance
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-520415	. ,, ,	•	00 \$ - Cash	Food Pantry
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-520415		\$ 400.0	·	Sunday Contribution - Monthly
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-520415	, ,, ,	\$ 400.0	'	Sunday Collection
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-520415	9 501(C)(3)	\$ 75.0	00 \$ - Cash	Food Pantry

# CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO IRS FORM 990, SCH I, PART II, LINE 1 GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS FEIN 47-4949185

							Amount of	Cash	Amount of	f non	- Method of	
Name	Address		<u>City</u>	State	Zipcode Federal EIN	IRC sectio	n assistance				valuation	Grant Purpose
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-5204159	501(C)(3)	\$	400.00	\$	-	Cash	Sunday Collection
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-5204159	501(C)(3)	\$	400.00	\$	-	Cash	Sunday Collection (Monthly)
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-5204159	501(C)(3)	\$	400.00	\$	-	Cash	Sunday Collection - Monthly
St. Martin of Tours Parish	7710 El Cajon Boulevard		La Mesa	CA	91942 82-5204159	501(C)(3)	\$	400.00	\$	-	Cash	Sunday Collection - Monthly Offering
St. Mary's Food Bank	2831 N 31st Ave		Phoenix	ΑZ	85009 23-7353532	501(C)(3)	\$	500.00	\$	-	Cash	2021 Annual Fund
St. Mary Star of the Sea Parish	120 E. Wesley St.		Jackson	MI	49201 38-1381289	501(C)(3)	\$	3,000.00	\$	-	Cash	Stained Glass Window
St. Mary Star of the Sea Parish	120 E. Wesley St.		Jackson	MI	49201 38-1381289	501(C)(3)	\$	3,000.00	\$	-	Cash	Stained Glass Windows
St. Richard Parish	P.O. Box. 1128		Borrego Springs	CA	92004-1128 27-4004244	501(C)(3)	\$	250.00	\$	-	Cash	Support as needed
St. Richard Parish	P.O. Box. 1128		Borrego Springs	CA	92004-1128 27-4004244	501(C)(3)	\$	250.00	\$	-	Cash	General Support
St. Richard Parish	P.O. Box. 1128		Borrego Springs	CA	92004-1128 27-4004244	501(C)(3)	\$	250.00	\$	-	Cash	General Support
St. Richard Parish	P.O. Box. 1128		Borrego Springs	CA	92004-1128 27-4004244	501(C)(3)	\$	250.00	\$	-	Cash	Support as Needed
Support the Enlisted Project	PO Box 26747		San Diego	CA	92196-0747 20-3051279	501(C)(3)	\$	5,000.00	\$	-	Cash	Emergency Financial Assistance Program
Support the Enlisted Project	PO Box 26747		San Diego	CA	92196-0747 20-3051279	501(C)(3)	\$	20,000.00	\$	-	Cash	Holiday Support
The American-Haitian Foundation	3602 Anderson Pike		Signal Mountain	TN	37377 62-1782843	501 <mark>(</mark> C)(3)	\$	10,000.00	\$	-	Cash	2021 Earthquake Relief
The Center for Medical Progress	15333 Culver Dr, Ste 340-819		Irvine	CA	92604 46-2252984	501(C)(3)	\$	250.00	\$	-	Cash	General Support
The Center for Medical Progress	15333 Culver Dr, Ste 340-819		Irvine	CA	92604 46-2252984	501(C)(3)	\$	500.00	\$	-	Cash	Legal Defense
The Center for Medical Progress	15333 Culver Dr, Ste 340-819		Irvine	CA	92604 46-2252984	501(C)(3)	\$	250.00	\$	-	Cash	General Support
The Center for Medical Progress	15333 Culver Dr, Ste 340-819		Irvine	CA	92604 46-2252984	501(C)(3)	\$	250.00	\$	-	Cash	Support for Court Appeal
The Century Club of San Diego - Champions for Youth	9404 Genesee Ave., Ste. 310		La Jolla	CA	92037 95-2145967	501(C)(3)	\$	10,000.00	\$	-	Cash	Just in Time CFY
The Roman Catholic Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 95-1644613	501(C)(3)	\$	25,000.00	\$	-	Cash	Million Meal Event
The Roman Catholic Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 95-1644613	501(C)(3)	\$	2,000.00	\$	-	Cash	ACA - St. Brigid Parish
The Roman Catholic Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 95-1644613	501(C)(3)	\$	1,000.00	\$	-	Cash	Annual Catholic Appeal
The Roman Catholic Diocese of San Diego	3888 Paducah Drive		San Diego	CA	92117 95-1644613	501(C)(3)	\$	1,500.00	\$	-	Cash	Annual Catholic Appeal
The Roman Catholic Diocese of San Diego - Office for the Missions	3888 Paducah Dr.		San Diego	CA	92117 95-1644613	501(C)(3)	\$	4,400.00	\$	-	Cash	Friends of the Poor - Nigeria
Thomas More Society	309 W. Washington Street	Suite 1250	Chicago	IL	60606 36-4270023	501(C)(3)	\$	5,000.00	\$	-	Cash	Legal Efforts
Tunnels to Towers Foundation	2361 Hylan Boulevard		Staten Island	NY	10306 02-0554654	501(C)(3)	\$	5,000.00	\$	-	Cash	Family Home & Smart Home Program
Turning Point Pregnancy Resource Center, Inc.	7340 Miramar Road, Ste. 204		San Diego	CA	92126 33-0966462	501(C)(3)	\$	1,500.00	\$	-	Cash	General Support
UC San Diego Foundation	9500 Gilman Drive #0937		La Jolla	CA	92093-0937 95-2872494	501(C)(3)	\$	5,000.00	\$	-	Cash	Prostate Cancer Research Fund
Union Rescue Mission	545 S San Pedro Street		Los Angeles	CA	90013 95-1709293	501(C)(3)	\$	50,000.00	\$	-	Cash	Hope Gardens & Angeles House
Union Rescue Mission	545 S San Pedro Street		Los Angeles	CA	90013 95-1709293	501(C)(3)	\$	5,000.00	\$	-	Cash	Angels of Hope Telethon 2021
Union Rescue Mission	545 S San Pedro Street		Los Angeles	CA	90013 95-1709293	501(C)(3)	\$	10,000.00	\$	-	Cash	General Support
United Animal Friends	PO Box 11133		Prescott	AZ	86304 20-0360727	501(C)(3)	\$	500.00	\$	-	Cash	General Fund - New Facility
USCCB Retirement Fund for Religious	PO Box 96988		Washington	DC	20090-6988 53-0196617	501(C)(3)	\$	500.00	\$	-	Cash	Retirement Fund for Religious
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203		San Diego	CA	92120 95-3407343	501(C)(3)	\$	25,000.00	\$	-	Cash	Military & Special Needs Camp
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203		San Diego	CA	92120 95-3407343	501(C)(3)	\$	2,000.00	\$	-	Cash	Virtual Gala Underwriting
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203		San Diego	CA	92120 95-3407343	501(C)(3)	\$	200.00	\$	-	Cash	Camp Jack
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203		S <mark>a</mark> n Diego	CA	92120 95-3407343	501(C)(3)	\$	2,000.00	\$	-	Cash	2021 Virtual Gala
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203		San Diego	CA	92120 95-3407343	501(C)(3)	\$	5,000.00	\$	-	Cash	WWWA Camperships
Word Among Us, Inc.	7115 Guilford Dr.	Ste. 100	Frederick	MD	21704 52-1320592	501(C)(3)	\$	200.00	\$	-	Cash	Advent Challenge
Word Among Us, Inc.	7115 Guilford Dr.	Ste. 100	Frederick	MD	21704 52-1320592	501(C)(3)	\$	5,000.00	\$	-	Cash	Prison Ministry
Word Among Us, Inc.	7115 Guilford Dr.	Ste. 100	Frederick	MD	21704 52-1320592	501(C)(3)	\$	1,500.00		-	Cash	Partners Program
De Minimus Grants, 4747 Morena Blvd #300 San Diego, CA 92117	4747 Morena Blvd.	Ste. 300	San Diego	CA	92117 Various	501(C)(3)	\$	528.78	\$	-	Cash	Program Support
		TOTAL GR	ANTS AND OTHER AS	SSISTANCE	E IN THE UNITED STATES		\$ 1,6	71,282.00				

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO

Employer identification number 47-4949185

Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?...... 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a Χ **b** Participate in or receive payment from a supplemental nonqualified retirement plan?..... 4 b Χ c Participate in or receive payment from an equity-based compensation arrangement?..... 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5 a Χ **b** Any related organization? . . . . . . 5 h Χ If 'Yes' on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 a a The organization?..... Χ 6 b Χ If 'Yes' on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. 7 Χ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes.' describe in Part III..... Χ If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base	(ii) Bonus & incentive compensation	(iii) Other	(C) Retirement and other deferred	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		compensation	compensation	(iii) Other reportable compensation	deferred compensation			deferred on prior Form 990
GARY RECTENWALD	(i)	<u> 149,479.</u>	0.	0.	0.	16,476.	<u> 165,955.</u>	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(ii)				<del>[(-)</del>			
- <del></del>	(i)			(	)			
3	(ii)							
	(i)			<u>^</u>				
4	(ii)							
-	(j)				<b></b>		<b></b>	
5	(ii) (i)							
6	(i) (ii)		<del></del>		<b></b>		<del> </del>	
	(i)							
7	(ii)							
	(i)		5					
8	(ii)							
•	(i)							
9	(ii)	()						
10	(i)				<del> </del>		<del> </del>	
	(i)	2						
11	(ii)							
	(i)							
12	(ii)							
40	(i)							
13	(ii) (i)							
14	(i) (ii)				<del> </del>			
••	(i)							
15	(ii)	<u> </u>			t		<del> </del>	
	(i)							
16	(ii)							
BAA			TEE \( \lambda \) 10/2	7/01			Calaadada	L/Farm 000\ 2021

**BAA** TEEA4102L 10/27/21

Schedule J (Form 990) 2021

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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TEEA4103L 10/27/21

### **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.

Department of the Treasury Internal Revenue Service

► 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 Employer identification number 47-4949185 DIEGO Part I Types of Property

. u.	ti Types of Froperty						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri	<b>d)</b> determin ibution ar	ing mounts
1	Art – Works of art						
	Art — Historical treasures.				†		
	Art – Fractional interests.						
4	Books and publications.						
5	Clothing and household goods						
6	Cars and other vehicles			4	<u> </u>		
7	Boats and planes						
8	Intellectual property.			0			
9	Securities – Publicly traded	Х	10	1,299,087.	FMV		-
10	Securities – Closely held stock			(123) (00)	1111		
	Securities – Partnership, LLC, or trust interests.						
	Securities – Miscellaneous			/			
13	Qualified conservation contribution — Historic structures		,0				
14	Qualified conservation contribution — Other						-
15	Real estate – Residential		S				
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles						-
19	Food inventory		)				-
20	Drugs and medical supplies	10					_
21	Taxidermy						_
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other ► ()						
26	Other • ()						
27	Other ► ()						
28	Other ► ( )						
29	Number of Forms 8283 received by the organization d						
	organization completed Form 8283, Part V, Dones	e Acknowled	gement		29	T	
					_	Yes	No
30a	During the year, did the organization receive by contri						
	it must hold for at least three years from the date						• • • • • • • • • • • • • • • • • • • •
	for exempt purposes for the entire holding period?	·			30 a		X
	If 'Yes,' describe the arrangement in Part II.	41 4			2	37	
	Does the organization have a gift acceptance police	•	-		ns? <b>31</b>	Х	
32a	Does the organization hire or use third parties or r contributions?	9		*	32a		Х
b	If 'Yes,' describe in Part II.						
	If the organization didn't report an amount in colu-	mn (c) for a	type of property for wh	nich column (a) is chec	ked,		

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

Schedule M (Form 990) 2021

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.

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### **SCHEDULE 0** (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DIEGO

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

CATHOLIC COMMUNITY FOUNDATION OF SAN

Employer identification number

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 Name of the organization CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO

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.

BAA Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

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.

BAA Schedule O (Form 990) 2021

### Form **8868**

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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automat	ic 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).									
All corpora	tions required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnershi	os, RE	MICs, and	trusts must						
use Form 7	7004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	Taxpa	Taxpayer identification number (TIN									
Type or	CATHOLIC COMMUNITY FOUNDATION											
print	DIEGO	47-	47-4949185									
File by the	Number, street, and room or suite number. If a P.O. box, see i	nstructions.		1								
due date for filing your	4747 MORENA BLVD. #300											
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ctions.			_						
	SAN DIEGO, CA 92117											
Enter the F	Return Code for the return that this application is f	or (file a se	parate application for each return)			01						
Application	1	Return Code	Application Is For			Return Code						
Form 990 c	or Form 990-EZ	01	Form 1041-A			08						
Form 4720	(individual)	03	Form 4720 (other than individual)			09						
Form 990-F	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						
Form 990-1	(corporation)	07										
Telepho  If the or  If this is check t	representation in the care of ► RYAN DOUGLAS  The No. ► 858-397-9700  Trigganization does not have an office or place of but a Group Return, enter the organization's four his box ► . If it is for part of the group, the sension is for.	digit Group	e United States, check this box Exemption Number (GEN)	f this is								
for the	e organization named above. The extension is for $\overline{X}$ calendar year 20 $\underline{21}$ or	the organiz	ng, 20	zation nal retu								
	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions			3 a	\$	0.						
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b	\$	0.						
c Balan EFTP	nce due. Subtract line 3b from line 3a. Include you's (Electronic Federal Tax Payment System). See	ır payment v instructions	with this form, if required, by using	3 c	\$	0.						
Caution: If payment in	you are going to make an electronic funds withdr structions.	awal (direct	debit) with this Form 8868, see Form 84	453-TE	and Form	1 8879-TE for						

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

Form 8868 (Rev. 1-2022)