

## Return of Organization Exempt From Income Tax

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

# 2022

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** , **2022**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO 4747 MORENA BLVD. #300 SAN DIEGO, CA 92117	<b>D</b> Employer identification number 47-4949185	<b>E</b> Telephone number 858-397-9700
<b>F</b> Name and address of principal officer: SAME AS C ABOVE		<b>G</b> Gross receipts \$ 53,609,600.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: WWW.CCFSD.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2015	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO RECEIVE, MANAGE, SAFEGUARD AND GROW INVESTMENTS THAT SUPPORT ORGANIZATIONS AND DONORS CARRYING OUT THE MISSION OF OUR CATHOLIC FAITH.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	14
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	14
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	3
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	36
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	3,533,242.	3,106,768.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	494,953.	384,568.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	297,578.	1,347,650.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,173.	4,838,986.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	4,327,946.	4,838,986.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	1,671,282.	2,473,967.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	412,861.	431,046.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	158,710.	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) .....		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	202,064.	251,855.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,286,207.	3,156,868.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	2,041,739.	1,682,118.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	89,259,750.	74,956,928.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	78,132,341.	65,067,533.
		11,127,409.	9,889,395.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARK NEILSON</b>	Date	
	Type or print name and title <b>CURRENT PRESIDENT</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER M. ROBERTS</b>	Preparer's signature <b>CHRISTOPHER M. ROBERTS</b>	Date
	Firm's name <b>WEST RHODE &amp; ROBERTS</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00235008</b>
	Firm's address <b>2741 4TH AVE SAN DIEGO, CA 92103</b>	Firm's EIN <b>33-0783983</b>	Phone no. <b>619-615-5380</b>

May the IRS discuss this return with the preparer shown above? See instructions .....  **Yes**     **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,617,690. including grants of \$ 2,473,967.) (Revenue \$ 1,569,298.)

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,617,690.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

**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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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



**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 14		
<b>2</b>	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? . . . . . <b>SEE SCHEDULE O</b>	X	
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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 O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . . <b>SEE SCHEDULE O</b>	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>b</b>	Other officers or key employees of the organization. . . . .		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 RYAN DOUGLAS 4747 MORENA BLVD, STE 300 SAN DIEGO CA 92117 858-397-9700

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MANNY RUBIO CEO	40 0			X				160,000.	0.	46,376.
(2) RYAN DOUGLAS DIR FINANCE & OP	40 0					X		105,329.	0.	15,416.
(3) MSGR. STEVEN F. CALLAHAN VICE PRESIDENT	1 0	X		X				0.	0.	0.
(4) SUSAN CARTER SECRETARY	1 0	X		X				0.	0.	0.
(5) BRIAN CASTER PRESIDENT	1 0	X		X				0.	0.	0.
(6) JAMES "BUDDY" THOMAS TRUSTEE	1 0	X						0.	0.	0.
(7) MARK NEILSON TRUSTEE	1 0	X						0.	0.	0.
(8) DEAN DWYER TRUSTEE	1 0	X						0.	0.	0.
(9) JANINE MASON TRUSTEE	1 0	X						0.	0.	0.
(10) JAIME HONOLD TRUSTEE	1 0	X						0.	0.	0.
(11) VIVIANA HONOLD TREASURER	1 0	X		X				0.	0.	0.
(12) BRYAN GANNON TRUSTEE	1 0	X						0.	0.	0.
(13) MSGR. MARK CAMPBELL TRUSTEE	1 0	X						0.	0.	0.
(14) THOMAS SCHOETTLE TRUSTEE	1 0	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KAREN CONDE TRUSTEE	1 0	X						0.	0.	0.
(16) PETER MARLOW TRUSTEE	1 0	X						0.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								265,329.	0.	61,792.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								265,329.	0.	61,792.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	2									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,106,768.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	258,511.				
	<b>h Total.</b> Add lines 1a-1f .....		3,106,768.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>MANAGEMENT FEE INCOME</u> .....		<b>Business Code</b> 900099	384,568.	384,568.	
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> -----							
<b>e</b> -----							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				384,568.			
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			162,920.		162,920.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	49955344.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	48770614.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,184,730.				
<b>d</b> Net gain or (loss) .....			1,184,730.		1,184,730.		
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>				
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>				
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11a</b> -----		<b>Business Code</b>				
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				4,838,986.	384,568.	0.	
						1,347,650.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,473,967.	2,473,967.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,376.	30,956.	72,232.	103,188.
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	180,330.	61,518.	109,796.	9,016.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	44,340.	18,714.	23,658.	1,968.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	83,454.	5,828.	65,969.	11,657.
12 Advertising and promotion				
13 Office expenses	7,041.		7,041.	
14 Information technology				
15 Royalties				
16 Occupancy	65,217.	13,501.	38,215.	13,501.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>LICENSES SOFTWARE &amp; MAINT.</u>	63,898.	6,390.	51,118.	6,390.
b <u>SUBSCRIPTIONS &amp; MEMBERSHIPS</u>	8,352.	3,096.	4,636.	620.
c <u>OUTREACH</u>	7,771.	267.	53.	7,451.
d <u>POSTAGE AND SHIPPING</u>	7,636.	2,872.	1,609.	3,155.
e All other expenses	8,486.	581.	6,141.	1,764.
25 Total functional expenses. Add lines 1 through 24e.	3,156,868.	2,617,690.	380,468.	158,710.
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 <input type="checkbox"/> 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	
<b>Assets</b>	1	Cash – non-interest-bearing	1,181,790.	1	1,013,414.
	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	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,748.	9	6,700.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation	638,000.	10b	10c
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	87,420,212.	12	73,852,918.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	83,896.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	89,259,750.	16	74,956,928.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	30,623.	17	33,227.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	78,052,808.	21	64,940,388.
	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	48,910.	25	93,918.
	26	<b>Total liabilities.</b> Add lines 17 through 25	78,132,341.	26	65,067,533.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	6,161,123.	27	5,537,266.
	28	Net assets with donor restrictions	4,966,286.	28	4,352,129.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances.</b>	11,127,409.	32	9,889,395.
33	<b>Total liabilities and net assets/fund balances.</b>	89,259,750.	33	74,956,928.	

**Part XI Reconciliation of Net Assets**

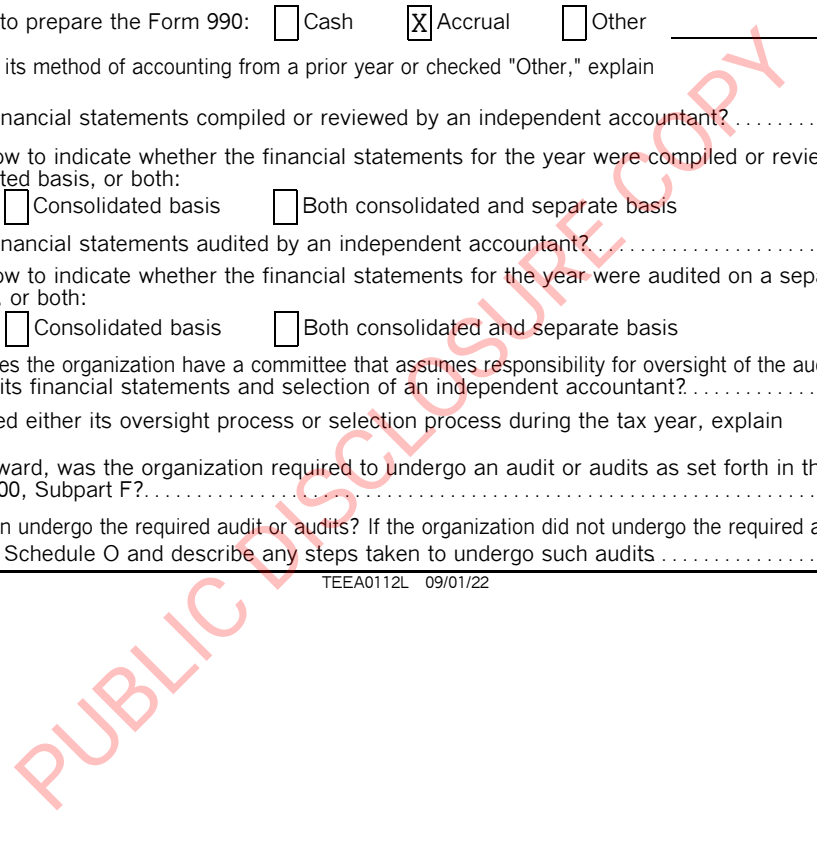
Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,838,986.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,156,868.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,682,118.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,127,409.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,920,132.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	9,889,395.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <b>CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO</b>	Employer identification number <b>47-4949185</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,670,690.	3,146,602.	2,844,194.	3,533,242.	3,106,768.	14,301,496.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	1,670,690.	3,146,602.	2,844,194.	3,533,242.	3,106,768.	14,301,496.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,208,729.
6 <b>Public support.</b> Subtract line 5 from line 4						6,092,767.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,670,690.	3,146,602.	2,844,194.	3,533,242.	3,106,768.	14,301,496.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,244.	47,110.	68,390.	133,396.	162,920.	458,060.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10						14,759,556.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	41.28 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	49.24 %

16a **33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> 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>b</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.		
<b>c</b> 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.		
<b>5a</b> 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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> .		
<b>b</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> .		
<b>c</b> 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> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

BAA

Schedule A (Form 990) 2022

**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.)

PUBLIC DISCLOSURE COPY



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF SAN  
DIEGO

Employer identification number

47-4949185

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	107	
2 Aggregate value of contributions to (during year) . . . . .	2,855,644.	
3 Aggregate value of grants from (during year) . . . . .	2,777,885.	
4 Aggregate value at end of year . . . . .	9,822,617.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |   |   |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register . . . . .	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. . . . . \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X. . . . . \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. . . . . \$ \_\_\_\_\_
- b Assets included in Form 990, Part X. . . . . \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f 0.

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

SEE PART XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	4,966,286.	4,023,494.	3,163,516.	1,186,066.	893,417.
b Contributions	227,214.	463,264.	399,483.	1,636,114.	377,922.
c Net investment earnings, gains, and losses	-787,819.	536,690.	496,463.	364,212.	-75,245.
d Grants or scholarships					
e Other expenditures for facilities and programs	53,552.	57,162.	35,968.	22,876.	10,028.
f Administrative expenses					
g End of year balance	4,352,129.	4,966,286.	4,023,494.	3,163,516.	1,186,066.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment 100.00 %
- c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other COLLECTIVE INVESTMENT FUNDS	17,687,460.	END OF YEAR MARKET VALUE
(A) SEE PART XIII		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)	73,852,918.	

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	93,918.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	93,918.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,918,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a	-2,920,132.	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e	-2,920,132.	
3	Subtract line 2e from line 1		3	4,838,986.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	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	4,838,986.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,156,868.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1		3	3,156,868.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,156,868.

**Part XIII Supplemental Information.**

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 X, line 2; 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.

**Part XIII Supplemental Information** (continued)**SCHEDULE D, PART VII  
INVESTMENTS - OTHER SECURITIES**

DESCRIPTION	BOOK VALUE	METHOD OF VALUATION
MUTUAL FUNDS-BALANCED	1,910,163.	END OF YEAR MARKET VALUE
MUTUAL FUNDS-EQUITY	11,644,397.	END OF YEAR MARKET VALUE
CASH AND EQUIVALENTS	539,677.	END OF YEAR MARKET VALUE
MUTUAL FUNDS-GENERAL	21,157.	END OF YEAR MARKET VALUE
MUTUAL FUNDS - FIXED INCOME	13,112,181.	END OF YEAR MARKET VALUE
DOMESTIC COMMON STOCKS	13,924,695.	END OF YEAR MARKET VALUE
US GOVERNMENT ISSUES	5,966,199.	END OF YEAR MARKET VALUE
CORPORATE ISSUES	4,810,565.	END OF YEAR MARKET VALUE
FOREIGN STOCKS	3,428,385.	END OF YEAR MARKET VALUE
FOREIGN ISSUES	411,831.	END OF YEAR MARKET VALUE
MUNICIPAL FUNDS - GENERAL	396,208.	END OF YEAR MARKET VALUE
TOTAL	<u>\$56,165,458.</u>	

**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 INCOME 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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **CATHOLIC COMMUNITY FOUNDATION OF SAN  
DIEGO**

Employer identification number  
**47-4949185**

**Part I General Information on Grants and Assistance**

- 1 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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHMENT 4747 MORENA BLVD. STE 300 SAN DIEGO, CA 92117			2,473,967.	0.			SEE ATTACHMENT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0**

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



**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					
5					
6					
7					

**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.

PUBLIC DISCLOSURE COPY

**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**

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zipcode</u>	<u>Federal EIN</u>	<u>IRC section</u>	<u>Amount of Cash assistance</u>	<u>Amount of non-cash assistance</u>	<u>Method of valuation</u>	<u>Grant Purpose</u>	
40 Days for Life	4112 East 29th Street	Bryan	TX	77802	26-0308665	501(C)(3)	\$ 250.00	\$ -	Cash	2022 Annual Renewal	
Acacia Fraternity Foundation	12721 Meeting House Rd.	Carmel	IN	46032	35-1778332	501(C)(3)	\$ 10,000.00	\$ -	Cash	Illinois Building Fund	
Academy of Our Lady of Peace	4860 Oregon St	San Diego	CA	92116	95-2113807	501(C)(3)	\$ 500.00	\$ -	Cash	The Heart of '72 Endowed Scholarship Fund	
Agnus Dei Foundation	243 S. Escondido Blvd	Escondido	CA	92025	37-1692998	501(C)(3)	\$ 1,500.00	\$ -	Cash	Operating Support	
Alzheimer's San Diego	3635 Ruffin Road	San Diego	CA	92123	47-5534541	501(C)(3)	\$ 1,000.00	\$ -	Cash	To help caregivers thru the holiday season	
Alzheimer's San Diego	3635 Ruffin Road	San Diego	CA	92123	47-5534541	501(C)(3)	\$ 1,480.00	\$ -	Cash	As needed to assist caregivers	
Big Brothers Big Sisters of San Diego County	4305 University Ave.	San Diego	CA	92105	95-2151526	501(C)(3)	\$ 15,000.00	\$ -	Cash	General Support - Q3	
Big Brothers Big Sisters of San Diego County	4305 University Ave.	San Diego	CA	92105	95-2151526	501(C)(3)	\$ 15,000.00	\$ -	Cash	General Support - Q2	
Big Brothers Big Sisters of San Diego County	4305 University Ave.	San Diego	CA	92105	95-2151526	501(C)(3)	\$ 15,000.00	\$ -	Cash	General Support - Q4	
Big Brothers Big Sisters of San Diego County	4305 University Ave.	San Diego	CA	92105	95-2151526	501(C)(3)	\$ 15,000.00	\$ -	Cash	General Support Q1	
Birthline of San Diego	3660 Clairemont Dr #4	San Diego	CA	92117	33-0014261	501(C)(3)	\$ 500.00	\$ -	Cash	General Support	
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924	33-0971124	501(C)(3)	\$ 15,000.00	\$ -	Cash	Community, Educational and Dad's group support at the discretion of BAM
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924	33-0971124	501(C)(3)	\$ 15,000.00	\$ -	Cash	Community Educational Support
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924	33-0971124	501(C)(3)	\$ 15,000.00	\$ -	Cash	Greatest Need
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924	33-0971124	501(C)(3)	\$ 15,000.00	\$ -	Cash	Community Education & Dad's Programs
Build a Miracle	10755 Scripps Poway Pkwy	# 490	San Diego	CA	92131-3924	33-0971124	501(C)(3)	\$ 10,000.00	\$ -	Cash	Supporting the Community Center and Dad's Program
Casa Cornelia Law Center	2760 Fifth Avenue	Suite 200	San Diego	CA	92103-6330	33-0719221	501(C)(3)	\$ 10,000.00	\$ -	Cash	Where Most Needed
Casa de Los Pobres	PO Box 9596	San Diego	CA	92169	45-0514951	501(C)(3)	\$ 1,000.00	\$ -	Cash	St. Brigid Missionary Cooperation Plan; Diocese of San Diego	
Casa de Los Pobres	PO Box 9596	San Diego	CA	92169	45-0514951	501(C)(3)	\$ 1,500.00	\$ -	Cash	Legumes for Lent	
Catholic Answers, Inc.	2020 Gillespie Way	El Cajon	CA	92020	95-3754404	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Catholic Answers, Inc.	2020 Gillespie Way	El Cajon	CA	92020	95-3754404	501(C)(3)	\$ 2,000.00	\$ -	Cash	As needed	
Catholic Charities Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	23-7334012	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Catholic Charities Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	23-7334012	501(C)(3)	\$ 1,000.00	\$ -	Cash	Women's Services - Rachels Programs	
Catholic Charities Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	23-7334012	501(C)(3)	\$ 1,500.00	\$ -	Cash	Women's Services - Rachels Programs	
Catholic Charities Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	23-7334012	501(C)(3)	\$ 1,000.00	\$ -	Cash	As needed	
Catholic Extension	150 S. Wacker Drive	Suite 2000	Chicago	IL	60606	36-6000520	501(C)(3)	\$ 3,000.00	\$ -	Cash	Seminarian Funding
Catholic Extension	150 S. Wacker Drive	Suite 2000	Chicago	IL	60606	36-6000520	501(C)(3)	\$ 10,000.00	\$ -	Cash	Ukrainian Catholic Church
Catholic Extension	150 S. Wacker Drive	Suite 2000	Chicago	IL	60606	36-6000520	501(C)(3)	\$ 2,000.00	\$ -	Cash	Mission Churches
Catholic Extension	150 S. Wacker Drive	Suite 2000	Chicago	IL	60606	36-6000520	501(C)(3)	\$ 10,000.00	\$ -	Cash	Sacred Heart School (Uvalde, TX) Scholarship Fund
Catholic in Recovery	12528 Caminito Mira del Mar	San Diego	CA	92130	81-1607871	501(C)(3)	\$ 10,000.00	\$ -	Cash	General Support	
Catholic Relief Services	228 W Lexington St.	Baltimore	MD	21201	13-5563422	501(C)(3)	\$ 5,000.00	\$ -	Cash	Ukrainian Relief	
Catholic Relief Services	228 W Lexington St.	Baltimore	MD	21201	13-5563422	501(C)(3)	\$ 2,500.00	\$ -	Cash	Ukraine Support	
Catholic Relief Services	228 W Lexington St.	Baltimore	MD	21201	13-5563422	501(C)(3)	\$ 20,000.00	\$ -	Cash	Ukraine Refugee Relief	
Catholic Relief Services	228 W Lexington St.	Baltimore	MD	21201	13-5563422	501(C)(3)	\$ 2,000.00	\$ -	Cash		
CatholicVote Education Fund	PO Box 3310	Carmel	IN	46082	20-2787890	501(C)(3)	\$ 500.00	\$ -	Cash	General Support	
Chesterton Academy of the Holy Family	5205 Kingston Avenue	Lisle	IL	60532	47-1083471	501(C)(3)	\$ 10,000.00	\$ -	Cash	Fleur-de-Lis Gala 2022	
Coming Home Network International	PO Box 8290	Zanesville	OH	43702	34-1732696	501(C)(3)	\$ 350.00	\$ -	Cash	General Support	
Community Christian Service Agency	4167 Rappahannock Ave	San Diego	CA	92117-5714	95-2830702	501(C)(3)	\$ 500.00	\$ -	Cash	Back to school supplies/backpack program	
Community HousingWorks	3111 Camino Del Rio North	Suite 800	San Diego	CA	92108-5720	33-0317950	501(C)(3)	\$ 5,000.00	\$ -	Cash	Underwriting for Dream Builders Event - October 20, 2022
Copley-Price Family YMCA	4300 El Cajon Blvd.	San Diego	CA	92105	95-2039198	501(C)(3)	\$ 2,400.00	\$ -	Cash	Annual Support Campaign (Campaigner Richard Stern)	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 10,000.00	\$ -	Cash	Cristo Rey Capital Campaign	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 100,000.00	\$ -	Cash	Commitment	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 2,000.00	\$ -	Cash	Tuition Assistance	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 8,000.00	\$ -	Cash	Sponsor a Student	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 25,000.00	\$ -	Cash	Annual Support	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 250,000.00	\$ -	Cash	Commitment	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 2,500.00	\$ -	Cash	Giving Tuesday Donation in Honor of first Chairman, Dean Dwyer.	
Cristo Rey San Diego High School	3525 Del Mar Heights Rd #882	San Diego	CA	92130-2122	82-1922472	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Culture of Life Family Services	362 W Mission Ave.	Ste. 105	Escondido	CA	92025	91-2169315	501(C)(3)	\$ 500.00	\$ -	Cash	General Support
Disabled American Veterans Charitable Service Trust	860 Dolwick Dr.	Erlanger	KY	41018	52-1521276	501(C)(3)	\$ 200.00	\$ -	Cash	General Support	
Dominican Friars - Central Province	1910 S. Ashland Ave.	Chicago	IL	60608	36-4240359	501(C)(3)	\$ 2,500.00	\$ -	Cash	Support for 2023 Religious Formation of Young Men	
Doors of Change	PO Box 177	Cardiff	CA	92007	77-0606859	501(C)(3)	\$ 1,000.00	\$ -	Cash	Homeless Youth Programs San Diego	
Dynamic Catholic Institute	5081 Olympic Blvd.	Erlanger	KY	41018	26-4549213	501(C)(3)	\$ 600.00	\$ -	Cash	Ambassador 2022	
Dynamic Catholic Institute	5081 Olympic Blvd.	Erlanger	KY	41018	26-4549213	501(C)(3)	\$ 1,000.00	\$ -	Cash	Ambassadors Club	
Dynamic Catholic Institute	5081 Olympic Blvd.	Erlanger	KY	41018	26-4549213	501(C)(3)	\$ 5,000.00	\$ -	Cash	Dynamic Parish	
Dynamic Catholic Institute	5081 Olympic Blvd.	Erlanger	KY	41018	26-4549213	501(C)(3)	\$ 2,000.00	\$ -	Cash	Ambassadors Club	
Dynamic Catholic Institute	5081 Olympic Blvd.	Erlanger	KY	41018	26-4549213	501(C)(3)	\$ 200,000.00	\$ -	Cash	General Support	
East County Transitional Living Center, Inc	1527 E. Main Street	El Cajon	CA	92021	27-0865318	501(C)(3)	\$ 50,000.00	\$ -	Cash	General Support	
El Valor	1850 W. 21st Street	Chicago	IL	60608	23-7294683	501(C)(3)	\$ 2,500.00	\$ -	Cash	Helping to fund services provided to children and adults with disabilities and their families.	
El Valor	1850 W. 21st Street	Chicago	IL	60608	23-7294683	501(C)(3)	\$ 5,000.00	\$ -	Cash	General Support	
Evangelical Catholic, Inc.	6602 Normandy Lane	FL 2	Madison	WI	53719	39-1947596	501(C)(3)	\$ 2,500.00	\$ -	Cash	Reach More Mission Training Support
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 10,000.00	\$ -	Cash	Children's Champion Campaign	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 5,000.00	\$ -	Cash	Homeless Programs San Diego	

**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**

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zipcode</u>	<u>Federal EIN</u>	<u>IRC section</u>	<u>Amount of Cash assistance</u>	<u>Amount of non-cash assistance</u>	<u>Method of valuation</u>	<u>Grant Purpose</u>	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 10,000.00	\$ -	Cash	Support for Ruth and all her programs for the less fortunate.	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 10,000.00	\$ -	Cash	Michael D. Brookes Matching Challenge	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 15,000.00	\$ -	Cash	Village Health Center Dental Clinic	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 5,000.00	\$ -	Cash	Children's Gala	
Father Joe's Villages	3350 E St.	San Diego	CA	92102	33-0492302	501(C)(3)	\$ 2,000.00	\$ -	Cash	As needed	
Feeding San Diego	9455 Waples St.	Suite 135	San Diego	CA	92121	26-0457477	501(C)(3)	\$ 5,000.00	\$ -	Cash	Greatest Need
Fenwick High School	505 W Washington Blvd	Oak Park	IL	60302	36-1066828	501(C)(3)	\$ 2,500.00	\$ -	Cash	Raise the Shield Campaign 2022 Sponsorships for SH-7557-G and VI-7546-G / Gift Fund \$100 / Balance to be used as needed	
Foundation for Children in Need	PO Box 1247	Arlington Heights	IL	60006-1247	32-0015758	501(C)(3)	\$ 680.00	\$ -	Cash	Missionaries in Ecuador	
Friends & Helpers of Madre Berenice Foundation	PO Box 9739	San Diego	CA	92169	20-8115700	501(C)(3)	\$ 500.00	\$ -	Cash	General Support	
Gentle Giants Draft Horse Rescue	PO Box 5058	Hagerstown	MD	21741-5058	59-3822764	501(C)(3)	\$ 500.00	\$ -	Cash	As needed	
Gentle Giants Draft Horse Rescue	PO Box 5058	Hagerstown	MD	21741-5058	59-3822764	501(C)(3)	\$ 500.00	\$ -	Cash	As needed	
Hillsdale College	33 E College St	Hillsdale	MI	49242-1205	38-1374230	501(C)(3)	\$ 1,000.00	\$ -	Cash	2023 Financial Support	
Hillsdale College	33 E College St	Hillsdale	MI	49242-1205	38-1374230	501(C)(3)	\$ 250.00	\$ -	Cash	Imprimis & other outreach efforts	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 8,500.00	\$ -	Cash	Hope Revived - Gala Sponsorship/Invgorate Level - \$10,000	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 25,000.00	\$ -	Cash	General Support	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 5,000.00	\$ -	Cash	Institute of Reproductive Grief Care - A Year of Transformation Fund Raiser	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 2,500.00	\$ -	Cash	Sponsorship Matching Fund	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 5,000.00	\$ -	Cash	General Support	
Institute of Reproductive Grief Care (Life Perspectives)	4579 Mission Gorge Place	San Diego	CA	92120	33-0884706	501(C)(3)	\$ 10,000.00	\$ -	Cash	Grand Opening Celebration Gift	
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 25,000.00	\$ -	Cash	Quarterly Support
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 1,000.00	\$ -	Cash	Hurricane Ian relief efforts
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 25,000.00	\$ -	Cash	Quarterly Support
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 25,000.00	\$ -	Cash	Quarterly Support
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 2,500.00	\$ -	Cash	Ukrainian Relief
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 2,500.00	\$ -	Cash	Annual Gala
International Relief Teams	3545 Camino Del Rio South	Suite A	San Diego	CA	92108	33-0412751	501(C)(3)	\$ 25,000.00	\$ -	Cash	General Support Q1
Just in Time for Foster Youth	PO Box 601627	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$ 1,500.00	\$ -	Cash	Operating Support	
Just in Time for Foster Youth	PO Box 601627	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$ 5,000.00	\$ -	Cash	General Support	
Just in Time for Foster Youth	PO Box 601627	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$ 10,000.00	\$ -	Cash	Christmas Support for the Young Adults Looking for encouragement and empowerment.	
Just in Time for Foster Youth	PO Box 601627	San Diego	CA	92160-1627	20-5448416	501(C)(3)	\$ 25,000.00	\$ -	Cash	The Empower Party	
Knights of Columbus Charities	PO Box 382154	Pittsburgh	PA	15251-8154	23-7227608	501(C)(3)	\$ 1,500.00	\$ -	Cash	United Charity Fund	
Knights of Columbus Charities	PO Box 382154	Pittsburgh	PA	15251-8154	23-7227608	501(C)(3)	\$ 5,000.00	\$ -	Cash	Disaster Relief or Ukraine Solidarity Fund	
Kure It Cancer Research	2201 Dupont Drive	Suite 700	Irving	CA	92612	26-4343040	501(C)(3)	\$ 10,000.00	\$ -	Cash	Cancer Research Fund
Life Choices San Diego	13412 Pomerado Road	Suite C	Poway	CA	92064	33-0147357	501(C)(3)	\$ 7,500.00	\$ -	Cash	Support for all the Moms who chose life.
Life Choices San Diego	13412 Pomerado Road	Suite C	Poway	CA	92064	33-0147357	501(C)(3)	\$ 7,500.00	\$ -	Cash	Expectant Mothers Support Services
Life Connections Pregnancy Resource & Referral	7875 E Florentine Road	Prescott Valley	AZ	86314	84-2044064	501(C)(3)	\$ 1,000.00	\$ -	Cash	Rachel's Vineyard Retreat	
Lifesavers Wild Horse Rescue	35700 Sand Canyon Road	Caliente	CA	93518	95-4631906	501(C)(3)	\$ 1,000.00	\$ -	Cash	As needed	
Lifesavers Wild Horse Rescue	35700 Sand Canyon Road	Caliente	CA	93518	95-4631906	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Make-A-Wish Foundation Of San Diego Inc	4995 Murphy Canyon Rd	Suite 402	San Diego	CA	92123	33-0039466	501(C)(3)	\$ 5,000.00	\$ -	Cash	Wine and Wishes
Mater Dei Catholic High School Foundation, Inc.	3888 Paducah Drive	San Diego	CA	92117	27-1262984	501(C)(3)	\$ 13.11	\$ -	Cash	General Support	
Midland Community Cancer Services	400 Ashman St., Suite 200	Midland	MI	48640	38-6073785	501(C)(3)	\$ 10,000.00	\$ -	Cash	Assisting in the support you provide to those challenged with cancer.	
Midland Community Cancer Services	400 Ashman St., Suite 200	Midland	MI	48640	38-6073785	501(C)(3)	\$ 15,000.00	\$ -	Cash	Cancer Patient Support	
Midland Community Cancer Services	400 Ashman St., Suite 200	Midland	MI	48640	38-6073785	501(C)(3)	\$ 10,000.00	\$ -	Cash	Appreciation for Services Provided to a young man we know.	
Mission of Our Lady of Mercy, Inc.	1140 W. Jackson Blvd.	Chicago	IL	60607-9952	36-2171726	501(C)(3)	\$ 5,000.00	\$ -	Cash	Christmas Donation	
Mission of Our Lady of Mercy, Inc.	1140 W. Jackson Blvd.	Chicago	IL	60607-9952	36-2171726	501(C)(3)	\$ 10,000.00	\$ -	Cash	Mercy Home Triple Matching Challenge	
Nativity Prep Academy of San Diego	4463 College Avenue	San Diego	CA	92115	33-0886247	501(C)(3)	\$ 150,000.00	\$ -	Cash	Student Sponsorship & Pledge	
Nativity Prep Academy of San Diego	4463 College Avenue	San Diego	CA	92115	33-0886247	501(C)(3)	\$ 5,000.00	\$ -	Cash	General Support	
Nativity Prep Academy of San Diego	4463 College Avenue	San Diego	CA	92115	33-0886247	501(C)(3)	\$ 2,600.00	\$ -	Cash	Lighting the Way to a Brighter Future Initiative	
Nativity Prep Academy of San Diego	4463 College Avenue	San Diego	CA	92115	33-0886247	501(C)(3)	\$ 1,500.00	\$ -	Cash	Event Centerpiece Sponsorship	
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive	Lakeside	CA	92040-3397	27-3860686	501(C)(3)	\$ 400.00	\$ -	Cash	Sunday Collection (quarterly)	
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)	\$ 400.00	\$ -	Cash	Sunday Collection (quarterly)	
Our Lady of Perpetual Help Parish	13208 Lakeshore Drive	Lakeside	CA	92040-3397	27-3860686	501(C)(3)	\$ 400.00	\$ -	Cash	Sunday Collection (quarterly)	
Peaceful Valley Donkey Rescue, Inc.	PO Box 216	Miles	TX	76861	77-0562800	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	
Peaceful Valley Donkey Rescue, Inc.	PO Box 216	Miles	TX	76861	77-0562800	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support	

**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	Amount of non-	Method of	Grant Purpose
							assistance	cash assistance	valuation	
Peaceful Valley Donkey Rescue, Inc.	PO Box 216	Miles	TX	76861	77-0562800	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support
Peaceful Valley Donkey Rescue, Inc.	PO Box 216	Miles	TX	76861	77-0562800	501(C)(3)	\$ 1,000.00	\$ -	Cash	As needed
Pedal the Cause San Diego	9191 Towne Center Dr.	Suite 310 San Diego	CA	92122	46-0552414	501(C)(3)	\$ 1,250.00	\$ -	Cash	Padres Pedal the Cause
Pregnancy Care Center	677 S. Magnolia Avenue	El Cajon	CA	92020	33-0576304	501(C)(3)	\$ 500.00	\$ -	Cash	General Needs (quarterly)
Pregnancy Care Center	677 S. Magnolia Avenue	El Cajon	CA	92020	33-0576304	501(C)(3)	\$ 500.00	\$ -	Cash	General Needs (quarterly)
Pregnancy Care Center	677 S. Magnolia Avenue	El Cajon	CA	92020	33-0576304	501(C)(3)	\$ 375.00	\$ -	Cash	Support as needed
Pregnancy Care Center	677 S. Magnolia Avenue	El Cajon	CA	92020	33-0576304	501(C)(3)	\$ 500.00	\$ -	Cash	Support as needed (quarterly)
Province of St. Augustine in California	3180 University Avenue	Suite 255 San Diego	CA	92104	95-6068211	501(C)(3)	\$ 602,775.00	\$ -	Cash	Supporting Orphan Children throughout the world
Redwings Horse Sanctuary	PO Box 186	Paso Robles	CA	93447	77-0269641	501(C)(3)	\$ 1,000.00	\$ -	Cash	General Support
Redwings Horse Sanctuary	PO Box 186	Paso Robles	CA	93447	77-0269641	501(C)(3)	\$ 1,000.00	\$ -	Cash	As needed
Relevant Radio	PO Box 10707	Green Bay	WI	54307-0707	39-2003067	501(C)(3)	\$ 1,200.00	\$ -	Cash	Give Hope Spring Pledge Drive
Relevant Radio	PO Box 10707	Green Bay	WI	54307-0707	39-2003067	501(C)(3)	\$ 1,000.00	\$ -	Cash	Guardian Angel Gift Society
Relevant Radio	PO Box 10707	Green Bay	WI	54307-0707	39-2003067	501(C)(3)	\$ 1,000.00	\$ -	Cash	Guardian Angels Society Join the Family Pledge Drive
Relevant Radio	PO Box 10707	Green Bay	WI	54307-0707	39-2003067	501(C)(3)	\$ 1,000.00	\$ -	Cash	Guardian Angels Gift Society
Rise Up Industries	8530 Roland Acres Drive	Santee	CA	92071	80-0908912	501(C)(3)	\$ 25,000.00	\$ -	Cash	General Support
Rise Up Industries	8530 Roland Acres Drive	Santee	CA	92071	80-0908912	501(C)(3)	\$ 500.00	\$ -	Cash	General Support
Rise Up Industries	8530 Roland Acres Drive	Santee	CA	92071	80-0908912	501(C)(3)	\$ 1,000.00	\$ -	Cash	Big Night Out-Operating Support
Rise Up Industries	8530 Roland Acres Drive	Santee	CA	92071	80-0908912	501(C)(3)	\$ 5,000.00	\$ -	Cash	Big Night Out
San Diego Humane Society	5500 Gaines St.	San Diego	CA	92110	95-1661688	501(C)(3)	\$ 2,000.00	\$ -	Cash	2022 Day of Giving Program
Scripps Health Foundation	354 Santa Fe Drive ENC63	Encinitas	CA	92024	95-1684089	501(C)(3)	\$ 2,000.00	\$ -	Cash	Scripps Mercy
Serving Hands International	4607 Mission Gorge Place	San Diego	CA	92120	953797996	501(C)(3)	\$ 50,000.00	\$ -	Cash	Mexico needs (including blankets)
Serving Seniors	525 14th ST	Suite 200 San Diego	CA	92101-7544	95-2850121	501(C)(3)	\$ 5,000.00	\$ -	Cash	Shallow Subsidy Program
Serving Seniors	525 14th ST	Suite 200 San Diego	CA	92101-7544	95-2850121	501(C)(3)	\$ 25,000.00	\$ -	Cash	Mid-City Naming Opportunity
Slave 2 Nothing Foundation	4199 Campus Drive, 9th Floor	Irvine	CA	92612	47-4712082	501(C)(3)	\$ 500.00	\$ -	Cash	Fight Human Trafficking
Society for the Propagation of the Faith - Diocese of San Diego	3888 Paducah Dr.	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 1,000.00	\$ -	Cash	World Mission Sunday - St. Martin of Tours
Society for the Propagation of the Faith - Diocese of San Diego	3888 Paducah Dr.	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 5,000.00	\$ -	Cash	Fr. Kanda Parish - Kenya
St. Benedict's Abbey	12605 224th Ave.	Benet Lake	WI	53102-1000	39-0890515	501(C)(3)	\$ 500.00	\$ -	Cash	Novena of Monastic Days
St. Benedict's Abbey	12605 224th Ave.	Benet Lake	WI	53102-1000	39-0890515	501(C)(3)	\$ 500.00	\$ -	Cash	General Support
St. Benedict's Abbey	12605 224th Ave.	Benet Lake	WI	53102-1000	39-0890515	501(C)(3)	\$ 500.00	\$ -	Cash	General Support
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W	Thoreau	NM	87323	85-0326009	501(C)(3)	\$ 625.00	\$ -	Cash	Support as needed
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W	Thoreau	NM	87323	85-0326009	501(C)(3)	\$ 750.00	\$ -	Cash	General Needs (quarterly)
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W	Thoreau	NM	87323	85-0326009	501(C)(3)	\$ 750.00	\$ -	Cash	General Needs (quarterly)
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W	Thoreau	NM	87323	85-0326009	501(C)(3)	\$ 500.00	\$ -	Cash	General Support
St. Bonaventure Indian Mission & School	25 Navarre Blvd. W	Thoreau	NM	87323	85-0326009	501(C)(3)	\$ 750.00	\$ -	Cash	General Needs (quarterly)
St. Brigid Parish	4735 Cass Street	San Diego	CA	92109-2698	82-5178164	501(C)(3)	\$ 1,000.00	\$ -	Cash	Ride the Rockies
St. Brigid Parish	4735 Cass Street	San Diego	CA	92109-2698	82-5178164	501(C)(3)	\$ 1,000.00	\$ -	Cash	The Missions
St. Brigid Parish	4735 Cass Street	San Diego	CA	92109-2698	82-5178164	501(C)(3)	\$ 3,000.00	\$ -	Cash	General Support and \$1,000 toward Religious Retirement Fund
St. Germaine Catholic Church	7997 East Dana Drive	Prescott	AZ	86314	35-2350446	501(C)(3)	\$ 1,000.00	\$ -	Cash	Family Support
St. Germaine Catholic Church	7997 East Dana Drive	Prescott	AZ	86314	35-2350446	501(C)(3)	\$ 1,500.00	\$ -	Cash	2022 Christmas parish decorations including the new nativity creche
St. Germaine Catholic Church	7997 East Dana Drive	Prescott	AZ	86314	35-2350446	501(C)(3)	\$ 5,000.00	\$ -	Cash	Annual General Collection
St. Germaine Catholic Church	7997 East Dana Drive	Prescott	AZ	86314	35-2350446	501(C)(3)	\$ 500.00	\$ -	Cash	New Monstrance for Exposition of the Blessed Sacrament before daily Masses
St. Gregory the Great Parish	11451 Blue Cypress Drive	San Diego	CA	92131	82-5202611	501(C)(3)	\$ 5,000.00	\$ -	Cash	Platinum Gala Sponsorship
St. Gregory the Great Parish	11451 Blue Cypress Drive	San Diego	CA	92131	82-5202611	501(C)(3)	\$ 5,000.00	\$ -	Cash	St. Gregory Gala
St. Gregory the Great Parish	11451 Blue Cypress Drive	San Diego	CA	92131	82-5202611	501(C)(3)	\$ 20,000.00	\$ -	Cash	Parish Gala '22
St. Gregory the Great Parish	11451 Blue Cypress Drive	San Diego	CA	92131	82-5202611	501(C)(3)	\$ 7,500.00	\$ -	Cash	2022 Weekly Giving
St. Katharine Drexel Academy	4551 56th Street	San Diego	CA	92115-3629	27-3973194	501(C)(3)	\$ 11,319.00	\$ -	Cash	Tuition Assistance
St. Martin of Tours Academy	7708 El Cajon Boulevard	La Mesa	CA	91942	82-5204159	501(C)(3)	\$ 7,500.00	\$ -	Cash	Tuition Assistance
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
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)	\$ 75.00	\$ -	Cash	Food Pantry
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)	\$ 75.00	\$ -	Cash	Food Pantry
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)	\$ 75.00	\$ -	Cash	Food Pantry
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)	\$ 75.00	\$ -	Cash	Food Pantry
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)	\$ 800.00	\$ -	Cash	Sunday Collection - June & July
St. Martin of Tours Parish	7710 El Cajon Boulevard	La Mesa	CA	91942	82-5204159	501(C)(3)	\$ 75.00	\$ -	Cash	Food Pantry (quarterly)
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

CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO  
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 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	Amount of non-	Method of	Grant Purpose	
							assistance	cash assistance	valuation		
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 project	
St. Richard Parish	P.O. Box. 1128	Borrego Springs	CA	92004-1128	27-4004244	501(C)(3)	\$ 250.00	\$ -	Cash	Sunday Offering (quarterly)	
St. Richard Parish	P.O. Box. 1128	Borrego Springs	CA	92004-1128	27-4004244	501(C)(3)	\$ 250.00	\$ -	Cash	Sunday Offering (quarterly)	
St. Richard Parish	P.O. Box. 1128	Borrego Springs	CA	92004-1128	27-4004244	501(C)(3)	\$ 1,000.00	\$ -	Cash	Parking Lot Project	
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	Sunday Offering (quarterly)	
St. Vincent de Paul Parish	4077 Ibis Street	San Diego	CA	92103	27-3980095	501(C)(3)	\$ 30,000.00	\$ -	Cash	Interior church lighting project	
St. Vincent Seminary	300 Fraser Purchase Rd	Latrobe	PA	15650	25-0964126	501(C)(3)	\$ 250.00	\$ -	Cash	Gift to the Father Adrian Pleus Leadership Fund	
Support the Enlisted Project	PO Box 26747	San Diego	CA	92196-0747	20-3051279	501(C)(3)	\$ 5,000.00	\$ -	Cash	Support Services	
The Genesis Initiative	PO Box 612	Poway	CA	92074	26-3305187	501(C)(3)	\$ 10,000.00	\$ -	Cash	Script Development	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 1,200.00	\$ -	Cash	Million Meal Event	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 500.00	\$ -	Cash	Missions - Casa de los Pobres (Tijuana)	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 500.00	\$ -	Cash	Annual Catholic Appeal - St Vincent de Paul Parish (4080 Hawk St, San Diego)	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 1,000.00	\$ -	Cash	Million Meal Event	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 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)	\$ 2,400.00	\$ -	Cash	Annual Catholic Appeal	
The Roman Catholic Diocese of San Diego	3888 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 900.00	\$ -	Cash	Annual Catholic Appeal - St Martin of Tours \$500 - St Richard, Borrego Springs \$200 - Our Lady of Perpetual Help, Lakeside \$200	
The Roman Catholic Diocese of San Diego - Office for the Missions	3889 Paducah Drive	San Diego	CA	92117	95-1644613	501(C)(3)	\$ 2,000.00	\$ -	Cash	Friends of the Poor Nigeria	
Thomas More Society	309 W. Washington Street	Suite 1250 Chicago	IL	60606	36-4270023	501(C)(3)	\$ 2,500.00	\$ -	Cash	Support for Alaric Stone	
Thomas More Society	309 W. Washington Street	Suite 1250 Chicago	IL	60606	36-4270023	501(C)(3)	\$ 10,000.00	\$ -	Cash	"Life on the Line" Matching Challenge	
Thomas More Society	309 W. Washington Street	Suite 1250 Chicago	IL	60606	36-4270023	501(C)(3)	\$ 10,000.00	\$ -	Cash	Defense of David Daleiden	
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 Needs	
UC San Diego Foundation	9500 Gilman Drive #0937	La Jolla	CA	92093-0937	95-2872494	501(C)(3)	\$ 10,600.00	\$ -	Cash	Luau Event	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 5,000.00	\$ -	Cash	5K Run/Walk	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 10,000.00	\$ -	Cash	Fiscal Year end 2X matching donation.	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 10,000.00	\$ -	Cash	Angels of Hope TV Special	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 10,000.00	\$ -	Cash	Homeless Support	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 5,000.00	\$ -	Cash	Christmas Shopping on the Roof	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 15,000.00	\$ -	Cash	Angels of Hope 2022	
Union Rescue Mission	545 S San Pedro Street	Los Angeles	CA	90013	95-1709293	501(C)(3)	\$ 20,000.00	\$ -	Cash	"Take the Leap" to fight Homelessness	
USCCB Retirement Fund for Religious	PO Box 96988	Washington	DC	20090-6988	53-0196617	501(C)(3)	\$ 500.00	\$ -	Cash	Retirement Fund for Religious - St Martin of Tours	
Voices for Children	2851 Meadow Lark Drive	San Diego	CA	92123	95-3786047	501(C)(3)	\$ 1,500.00	\$ -	Cash	Casa Program	
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203	San Diego	CA	92120	95-3407343	501(C)(3)	\$ 500.00	\$ -	Cash	Camp Jack	
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	40th Annual 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	2022 WWWA Fall Brunch - Pledge for Camperships	
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203	San Diego	CA	92120	95-3407343	501(C)(3)	\$ 500.00	\$ -	Cash	Gift for the Myron Lyon Memorial Fund	
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 Family Camp	
Whispering Winds Catholic Conference Center, Inc	4636 Mission Gorge Place, Ste 203	San Diego	CA	92120	95-3407343	501(C)(3)	\$ 2,500.00	\$ -	Cash	Gala - General Support	
Word Among Us, Inc.	7115 Guilford Dr.	Ste. 100 Frederick	MD	21704	52-1320592	501(C)(3)	\$ 200.00	\$ -	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	
Word On Fire Catholic Ministries	PO BOX 170	Des Plaines	IL	60016	26-1448551	501(C)(3)	\$ 5,000.00	\$ -	Cash	General Support	
Inter-fund Grants	4747 Morena Blvd.	Suite 300 San Diego	CA	92117	47-4949185	501(C)(3)	\$ (400.00)	\$ -	Cash	Inter-fund Grants	
<b>TOTAL GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES</b>							<b>\$</b>	<b>2,473,967.11</b>			

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO

Employer identification number

47-4949185

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**2** 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? .....

**3** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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.**

**5** 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? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** 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 .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

**Schedule J (Form 990) 2022**

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MANNY RUBIO	(i)	160,000.	0.	0.	0.	46,376.	206,376.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO**

Employer identification number  
**47-4949185**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	6	258,511.	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**Schedule M (Form 990) 2022**

**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 O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

CATHOLIC COMMUNITY FOUNDATION OF SAN  
DIEGO

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. IN THESE 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. WE WORK 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

THE DONOR FOR DISTRIBUTION ON A SEMI-ANNUAL BASIS TO CATHOLIC ORGANIZATIONS THAT ARE

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-ADVISED FUNDS TEMPORARY IN NATURE, WITH FUNDS ON DEPOSIT FROM ONE MONTH TO SEVERAL YEARS. DISTRIBUTIONS FROM PASS-THROUGH DONOR-ADVISED FUNDS CAN BE DIRECTED BY DONORS TO NON-CATHOLIC ORGANIZATIONS, SUCH AS A DONOR'S ALMA MATER OR A NON-CATHOLIC CHARITY AS LONG AS ITS MISSION IS NOT INCONSISTENT WITH CATHOLIC VALUES.

ONE OF THE KEY ADVANTAGES OF ESTABLISHING PASS-THROUGH DONOR-ADVISED FUNDS IS THAT THE DONOR RECEIVES AN IMMEDIATE, SINGLE TAX RECEIPT FROM THE FOUNDATION FOR THE GIFT AND THEN HAS SEVERAL MONTHS OR YEARS TO GRANT DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN THE FUTURE, AS DESIRED.

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

JAIME HONOLD AND VIVIANA HONOLD ARE MARRIED

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

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

Name of the organization CATHOLIC COMMUNITY FOUNDATION OF SAN  
DIEGO

Employer identification number  
47-4949185

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

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

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

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

**ADOPTION OF ASC 2016-14**

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

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## 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](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO</b>	Taxpayer identification number (TIN) <b>47-4949185</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>4747 MORENA BLVD. #300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92117</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ RYAN DOUGLAS 4747 MORENA BLVD, STE 300 SAN DIEGO CA 92117

Telephone No. ▶ 858-397-9700 Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2022 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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