See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

ENVELOPE

DEC 18 2009

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable	C Name of organization	D Employer identification number
Address change	CATHOLIC COMMUNITY FOUNDATION	86-0465177
Name change	Doing Business As	
Initial return	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
Termination	400 EAST MONROE STREET	(602) 354-2400
Amended return	City or town, state or country, and ZIP + 4	G Gross receipts $ 61,960,776.
Application pending	PHOENIX, AZ 85004	

Please use IRS label or print or type. See Specific Instructions.

F Name and address of principal officer: DONNA MARINO
400 EAST MONROE STREET PHOENIX, AZ 85004

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CCFPHX.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1983 M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
TO CARRY ON THE WORK OF CHRIST BY FOSTERING PHILANTHROPY. SEE SCHEDULE O.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	130
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
Revenue	8 Contribution and grants (Part VIII, line 1h)	4,995,033.	1,378,356.
	9 Program service revenue (Part VIII, line 2g)	1,116,939.	951,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,023,966.	-2,530,573.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-144,087.	-68,728.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,991,851.	-268,947.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,426,259.	1,118,920.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	423,187.	573,130.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 355,085.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	912,456.	778,139.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,761,902.	2,470,189.
	19 Revenue less expenses Subtract line 18 from line 12	4,229,949.	-2,739,136.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	51,978,688.	40,743,860.
	21 Total liabilities (Part X, line 26)	21,202,173.	17,083,605.
	22 Net assets or fund balances Subtract line 21 from line 20	30,776,515.	23,660,255.

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

Sign Here

▶ Donna J. Marino — Signature of officer — Date 11-16-09

▶ PRESIDENT + CEO, DONNA J. MARINO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	11/16/2009	[ ]	

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM, LLC, 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012

EIN ▶ 34-1884125

Phone no ▶ 602-264-6835

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

JSA
8E1010 2 000

FOR STATE USE ONLY

56697P A11A 11/15/2009 01:13:34 4849-10

SCANNED JAN 07 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO CARRY ON THE WORK OF CHRIST BY FOSTERING PHILANTHROPY. 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 ☒ 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 ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 146,910. including grants of $ 136,000.) (Revenue $ 125,716.)
CHRISTIAN SERVICE AWARD SCHOLARSHIPS FOR TUITION TO CATHOLIC HIGH SCHOOL.

4b (Code:) (Expenses $ 435,390. including grants of $ 428,000.) (Revenue $ 5,000.)
GRANTS TO ORGANIZATIONS FOR THE WORKING POOR, ELEMENTARY SCHOOL TUITION ASSISTANCE, THEOLOGICAL STUDY, AND COMMUNICATION PROGRAMS.

4c (Code) (Expenses $ 721,722. including grants of $ 554,920.) (Revenue $ 821,282.)
GRANTS TO OTHER ORGANIZATIONS AS ADVISED BY DONORS. MATCHING PROGRAM FOR ESTABLISHMENT OF ENDOWMENT FUNDS AT SCHOOLS AND PARISHES. ASSISTANCE TO SCHOOLS AND PARISHES IN THEIR FUND DEVELOPMENT NEEDS

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 1,304,022. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable . . .	1a 42		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . .	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . .	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? . . .	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . .	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966? . . .	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . .	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . .	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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 in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AZ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ THOMAS AVERY 400 EAST MONROE STREET PHOENIX, AZ 85004
602-354-2400

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								199,627.		36,846.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	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? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 86-0465177

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 134,291.				
	b Membership dues	1b				
	c Fundraising events	1c 404,258.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 839,807.				
	g Noncash contributions included in lines 1a-1f $ 45,414.					
	h Total. Add lines 1a-1f		1,378,356.			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEE	541900	951,998.	951,998.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		951,998.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		25,063.			25,063.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	59,415,209.				
	b Less cost or other basis and sales expenses	61,970,845.				
	c Gain or (loss)	-2,555,636.				
	d Net gain or (loss)		-2,555,636.			-2,555,636.
	8a Gross income from fundraising events (not including $ 404,258. of contributions reported on line 1c) See Part IV, line 18	a 190,150.				
	b Less direct expenses	b 258,878.				
	c Net income or (loss) from fundraising events		-68,728.			-68,728.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		NONE			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-268,947.	951,998.		-2,599,301.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,006,420.	1,006,420.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	112,500.	112,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	259,135.	45,560.	146,908.	66,667.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	257,953.	51,591.	103,181.	103,181.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	10,360.	1,608.	2,597.	6,155.
9 Other employee benefits	11,617.	4,001.	6,430.	1,186.
10 Payroll taxes	34,065.	6,813.	13,626.	13,626.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	9,438.		9,438.	
c Accounting	28,644.		28,644.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	357,022.		357,022.	
g Other	50,615.	6,185.	17,496.	26,934.
12 Advertising and promotion	29,268.			29,268.
13 Office expenses	7,269.		7,269.	
14 Information technology	14,447.	3,693.	7,062.	3,692.
15 Royalties	NONE			
16 Occupancy	67,824.	20,347.	27,130.	20,347.
17 Travel	3,767.	1,130.	1,507.	1,130.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,136.	5,741.	7,654.	5,741.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	2,754.		2,754.	
23 Insurance	2,750.		2,750.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING & PUBLICATIONS	69,987.	16,556.	16,556.	36,875.
b POSTAGE & SHIPPING	30,505.	11,663.	11,663.	7,179.
c EVENT EXPENSES	22,679.			22,679.
d SUPPLIES	18,698.	7,176.	7,176.	4,346.
e DUES, BOOKS & SUBSCRIPTIONS	9,265.		9,265.	
f All other expenses	34,071.	3,038.	24,954.	6,079.
25 **Total functional expenses.** Add lines 1 through 24f	2,470,189.	1,304,022.	811,082.	355,085.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	257,202.	2	1,171,832.
	3	Pledges and grants receivable, net	NONE	3	19,775.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	6,124.	9	296.
	10a	Land, buildings, and equipment cost basis 10a 70,168.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 2,831.	50,327.	10c	67,337.
	11	Investments - publicly traded securities	42,244,799.	11	32,177,968.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	9,420,036.	13	7,306,452.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	51,978,688.	16	40,743,860.
Liabilities	17	Accounts payable and accrued expenses	23,576.	17	30,150.
	18	Grants payable	747,377.	18	837,878.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D	18,737,231.	21	14,515,000.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,693,989.	25	1,700,577.
	26	**Total liabilities.** Add lines 17 through 25	21,202,173.	26	17,083,605.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	23,143,135.	27	16,174,910.
	28	Temporarily restricted net assets	1,724,797.	28	800,670.
	29	Permanently restricted net assets	5,908,583.	29	6,684,675.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	30,776,515.	33	23,660,255.
	34	Total liabilities and net assets/fund balances	51,978,688.	34	40,743,860.

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	[ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to lines 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?		2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits?		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CATHOLIC COMMUNITY FOUNDATION	86-0465177

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: (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,653,347.	3,098,270.	5,060,716.	4,995,033.	1,391,356.	16,198,722.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	1,653,347.	3,098,270.	5,060,716.	4,995,033.	1,391,356.	16,198,722.
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)						4,636,664.
6 **Public support.** Subtract line 5 from line 4						11,562,058.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,653,347.	3,098,270.	5,060,716.	4,995,033.	1,391,356.	16,198,722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220,614.	711,558.	849,340.	306,130.	25,063.	2,112,705.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						18,311,427.
12 Gross receipts from related activities, etc. (See instructions)					12	2,930,354.

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	63.14 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	73.21 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five 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

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	62	
2	Aggregate contributions to (during year)	447,014.	
3	Aggregate grants from (during year)	512,899.	
4	Aggregate value at end of year	3,081,209.	

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? [X] Yes [ ] No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (e.g , recreation or pleasure)
[ ] Protection of natural habitat
[ ] Preservation of open space
[ ] Preservation of an historically importantly land area
[ ] Preservation of certified historic structure

2 Complete lines 2a-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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
e ☐ Other _____

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

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

1a 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,590,829.				
b Contributions	307,636.				
c Investment earnings or losses	-960,514.				
d Grants or scholarships	327,472.				
e Other expenditures for facilities and programs	256,982.				
f Administrative expenses					
g End of year balance	8,353,497.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 10.4000 %
b Permanent endowment ▶ 80.0000 %
c Term endowment ▶ 9.6000 %

3a 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	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	48,000.	NONE		
b Buildings				
c Leasehold improvements				
d Equipment		22,168.	2,831.	19,337.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				19,337.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

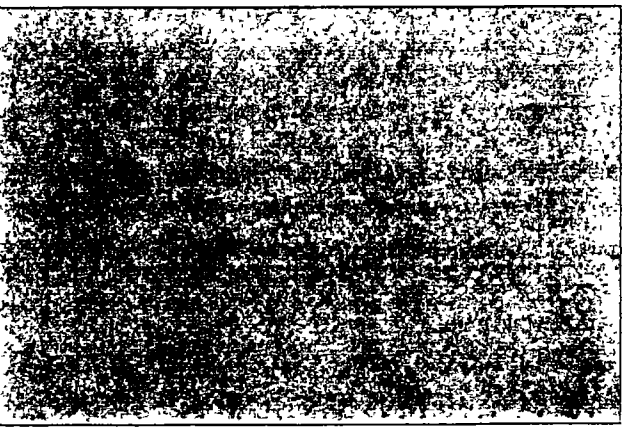
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
EXETER PARTNERS, LP	901,652.	FMV
W. DART L.L.P.	3,124,800.	FMV
VERDE VALLEY LAND & CATTLE	3,280,000.	FMV
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	7,306,452.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	48,000.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ANNUITY OBLIGATIONS	1,700,577.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,700,577.



In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-268,947.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,470,189.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,739,136.
4	Net unrealized gains (losses) on investments	4	-2,152,416.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,224,708.
9	Total adjustments (net). Add lines 4-8	9	-4,377,124.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,116,260.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	-4,645,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-2,152,416.		
b	Donated services and use of facilities	2b	1,693.		
c	Recoveries of prior year grants	2c	13,000.		
d	Other (Describe in Part XIV)	2d	-2,224,708.		
e	Add lines 2a through 2d			2e	-4,362,431.
3	Subtract line 2e from line 1			3	-283,031.
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	4a	14,084.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	14,084.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	-268,947.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,470,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,693.		
b	Prior year adjustments	2b	13,000.		
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	14,693.
3	Subtract line 2e from line 1			3	2,456,105.
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	4a	14,084.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	14,084.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	2,470,189.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

TRUST, ESCROW AND CUSTODIAL AGREEMENTS

PART IV

FROM TIME-TO-TIME OTHER NOT-FOR-PROFIT ORGANIZATIONS SEEKS TO ESTABLISH A FUND WITH THE FOUNDATION WITH ITS OWN FUNDS AND SPECIFIES ITSELF AS THE BENEFICIARY OF THAT FUND. IN EACH INSTANCE, THE FOUNDATION MAINTAINS VARIANCE POWER AND LEGAL OWNERSHIP OF AGENCY ENDOWMENT FUNDS AND AS SUCH CONTINUES TO REPORT THE FUNDS AS CASH AND INVESTMENTS OF THE FOUNDATION. HOWEVER, IN ACCORDANCE WITH SFAS NO. 136, A LIABILITY HAS BEEN ESTABLISHED FOR THE FAIR VALUE OF THE FUNDS, WHICH IS GENERALLY EQUIVALENT TO THE PRESENT VALUE OF FUTURE PAYMENTS EXPECTED TO BE MADE TO THE NPO'S.

USES OF ENDOWMENT FUNDS

PART V

FUND GRANT PROGRAMS FOR OTHER NONPROFIT ORGANIZATIONS.

FIN 48 FOOTNOTE

PART X

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("FIN 48"). FIN 48 WAS ORIGINALLY EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2006. FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO. 109. IN

Part XIV Supplemental Information *(continued)*

DECEMBER 2008, THE FASB ISSUED FASB STAFF POSITION NO. FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES ("FSP FIN 48-3") WHICH EXTENDED THE PERIOD OF ADOPTION OF FIN 48 TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE FOUNDATION HAS ELECTED TO DEFER THE APPLICATION OF FIN 48 IN ACCORDANCE WITH FSP FIN 48-3. THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH THIRD PARTIES.

OTHER RECONCILING ITEMS

PART XI LINE 8

PARTNERSHIP VALUATION ADJUSTMENT	$(2,113,584)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(111,124)
TOTAL	(2,224,708)

OTHER REVENUE RECONCILIATION

PART XII LINE 2D

PARTNERSHIP VALUATION ADJUSTMENT	$(2,113,584)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(111,124)
TOTAL	(2,224,708)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: CATHOLIC COMMUNITY FOUNDATION

Employer identification number: 86-0465177

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 CROZIER (event type)	(b) Event #2 NIGHT OF HOPE (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	364,046.	230,362.		594,408.
	2 Less: Charitable contributions	264,296.	139,962.		404,258.
	3 Gross revenue (line 1 minus line 2)	99,750.	90,400.		190,150.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	84,131.	92,113.		176,244.
	7 Other direct expenses	82,634.			82,634.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(258,878.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-68,728.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ___% No	Yes ___% No	Yes ___% No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities. _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in.			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records.			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.			
c	If "Yes," enter name and address			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 40

3 Enter total number of other organizations . . . . . ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

JSA
8E1288 2 000

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHRISTIAN SERVICE SCHOLARSHIPS	50	100,000.			
STIPENDS FOR BOOKS OR SUPPLIES	5	2,500.			
TUITION ASSISTANCE	13	10,000.			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT PROCEDURES AND MONITORING

PART I

IN THE PAST, THE FOUNDATION HAS DONE SITE VISITS TO SELECTED GRANT RECIPIENTS. FURTHER MONITORING IS DONE BY THE DIOCESE OF PHOENIX FOR SCHOOLS AND PARISHES. MUCH TIME IS SPENT PRIOR TO THE GRANT BEING ISSUED, DOING RESEARCH ABOUT THE ENTITY GETTING THE GRANT.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS NEWMAN CENTER 230 E. UNIVERSITY TEMPE, AZ 85281	30-0514126	501(C)(3)	14,250.				COMMUNICATIONS
BLESSED SACRAMENT 11300 N. 64TH STREET SCOTTSDALE, AZ 85254	37-1575917	501(C)(3)	8,750.				GENERAL DONATION
BOURGADE CATHOLIC HIGH SCHOOL 4602 N. 31ST. AVE. PHOENIX, AZ 85017	26-2785451	501(C)(3)	45,000.				TUITION
BROPHY COLLEGE PREPARATORY 4701 N. CENTRAL AVENUE PHOENIX, AZ 85012	86-0119984	501(C)(3)	7,000.				TUITION
CATECHESIS OF THE GOOD SHEPHERD P.O. BOX 1084 OAK PARK, IL 60304	52-1328815	501(C)(3)	14,000.				RELIGIOUS FORMATION
CATHOLIC CHARITIES 4747 N. 7TH AVENUE PHOENIX, AZ 85013	86-0223999	501(C)(3)	12,200.				WORK AMONG THE POOR
CHRIST THE KING SCHOOL 1551 E. DANA AVENUE MESA, AZ 85204	30-0513890	501(C)(3)	10,820.				TUITION
CITY OF THE LORD 711 W. UNIVERSITY TEMPE, AZ 85281	86-0351356	501(C)(3)	11,500.				GENERAL DONATION
DIOCESE OF PHOENIX 400 E. MONROE STREET PHOENIX, AZ 85004	86-0223974	501(C)(3)	128,031.				COMMUNICATIONS
FRANCISCAN RENEWAL CENTER 5802 E. LINCOLN DRIVE SCOTTSDALE, AZ 85253	86-0720036	501(C)(3)	6,000.				GENERAL DONATION
FRIENDS OF THE ORPHANS PO BOX 25507 TEMPE, AZ 85282	86-6054413	501(C)(3)	8,800.				GENERAL DONATION
LIFE TEEN, INC. 1730 W. GUADALUPE ROAD MESA, AZ 85202	86-0602592	501(C)(3)	11,000.				COMMUNICATIONS
MAGGIE'S PLACE PO BOX 1102 PHOENIX, AZ 85001	86-0972675	501(C)(3)	10,066.				GENERAL DONATION
MOST HOLY TRINITY SCHOOL 8620 N. 7TH STREET PHOENIX, AZ 85020	35-2350490	501(C)(3)	11,500.				TUITION
MY WORD OF TODAY 515 E. CAREFREE HIGHWAY #1026	75-3245789	501(C)(3)	15,500.				GENERAL DONATION

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ 40

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

JSA
8E1317 3 000

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME PREPARATORY HIGH SCHOOL 9701 E. BELL ROAD SCOTTSDALE, AZ 85260	26-2785863	501(C)(3)	69,000.				TUITION
OUR LADY OF MOUNT CARMEL 2121 S. RURAL ROAD TEMPE, AZ 85282	36-4643600	501(C)(3)	12,000.				GENERAL DONATION
QUEEN OF PEACE SCHOOL 141 N. MACDONALD STREET MESA, AZ 85201	38-3792655	501(C)(3)	10,000.				TUITION
SACRED HEART SCHOOL - PRESCOTT 150 FLEURY AVENUE PRESCOTT, AZ 86301	37-1575862	501(C)(3)	8,767.				TUITION
SAN FRANCISCO DE ASIS SCHOOL 2257 E. CEDAR AVENUE FLAGSTAFF, AZ 86004	30-0515246	501(C)(3)	11,500.				TUITION
SETON CATHOLIC HIGH SCHOOL 1150 N. DOBSON ROAD CHANDLER, AZ 85224	26-2785742	501(C)(3)	10,525.				TUITION
SOCIETY OF ST. VINCENT DE PAUL P.O. BOX 13600 PHOENIX, AZ 85002	86-0096789	501(C)(3)	16,091.				GENERAL DONATION & F
ST SIMON & JUDE SCHOOL 6351 N. 27TH AVENUE PHOENIX, AZ 85017	94-3457074	501(C)(3)	12,000.				TUITION
ST DANIEL THE PROPHET SCHOOL 1030 N. HAYDEN ROAD SCOTTSDALE, AZ 85257	30-0515551	501(C)(3)	11,386.				TUITION
ST GREGORY SCHOOL 3424 N. 18TH AVENUE PHOENIX, AZ 85015	80-0315130	501(C)(3)	10,478.				TUITION
ST JEROME SCHOOL 10815 N. 35TH AVENUE PHOENIX, AZ 85029	32-0267198	501(C)(3)	6,000.				TUITION
ST JOHN VIANNEY SCHOOL - GOODYEAR 539 LA PASADA BLVD. GOODYEAR, AZ 85338	90-0429155	501(C)(3)	11,000.				TUITION
ST LOUIS THE KING SCHOOL 4331 W. MARYLAND AVENUE GLENDALE, AZ 85301	38-3792534	501(C)(3)	13,816.				TUITION
ST MARY-BASHA SCHOOL 200 W. GALVESTON CHANDLER, AZ 85225	30-0513969	501(C)(3)	6,000.				TUITION
ST MARY'S CATHOLIC HIGH SCHOOL 2525 N. 3RD STREET PHOENIX, AZ 85004	26-2791598	501(C)(3)	12,000.				TUITION

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW SCHOOL 2038 W. VAN BUREN PHOENIX, AZ 85009	35-2350775	501(C)(3)	15,000.				TUITION
ST PETER INDIAN MISSION SCHOOL PO BOX 10840 BAPCHULE, AZ 85221	86-0271006	501(C)(3)	10,000.				TUITION
ST VINCENT DE PAUL SCHOOL 3130 N. 51ST AVENUE PHOENIX, AZ 85031	30-0515209	501(C)(3)	14,500.				TUITION
ST. AGNES SCHOOL 1954 N. 24TH STREET PHOENIX, AZ 85008	30-0514530	501(C)(3)	10,000.				TUITION
ST. CATHERINE OF SIENA SCHOOL 6401 S. CENTRAL AVENUE PHOENIX, AZ 85042	30-0514550	501(C)(3)	10,000.				TUITION
ST. JOSEPH'S CATHOLIC MONTESSORI SCHOOL PO BOX 370 COTTONWOOD, AZ 86326	30-0514895	501(C)(3)	73,000.				BUILDING & TUITION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 332 N. LAUDERDALE MEMPHIS, TN 38105	62-0646072	501(C)(3)	46,707.				GENERAL DONATION
ST. MATTHEW CATHOLIC CHURCH 320 N. 20TH DRIVE PHOENIX, AZ 85009	35-2350775	501(C)(3)	14,000.				COMMUNICATIONS
ST. THOMAS THE APOSTLE 2312 E. CAMPBELL AVENUE PHOENIX, AZ 85016	36-4643961	501(C)(3)	39,841.				GENERAL DONATION & T
VIRTUE MEDIA P.O. BOX 2145 GILBERT, AZ 85299	26-1102557	501(C)(3)	6,600.				COMMUNICATIONS

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

JSA
8E1317 3 000

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in 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		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONNA J. MARINO	(i)	134,727.			8,436.	12,815.	155,978.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

CATHOLIC COMMUNITY FOUNDATION

Employer Identification number

86-0465177

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA KETCHERSIDE IMMEDIATE PAST CHAIR	4.	X		X						
JOHN SACK, PH.D. VICE CHAIRMAN	4.	X		X						
DANIEL T. SANTY CHAIRMAN	4.	X		X						
REV. ROBERT CLEMENTS DIRECTOR	1.	X								
ANDREW R. SHERWOOD DIRECTOR	1.	X								
MAUREEN ADAMS DIRECTOR	1.	X								
SUSIE COLE DIRECTOR	1.	X								
ALLEN EDGAR DIRECTOR	1.	X								
MARIA CHAVIRA, PH.D. SECRETARY	4.	X		X						
ANN DE FRANCESCO DIRECTOR	1.	X								
CHRISTIAN J. HOFFMAN III DIRECTOR	1.	X								
EDWARD M. MCDONOUGH DIRECTOR	1.	X								
GUY L LABELLE DIRECTOR	1.	X								
MOST REV. THOMAS J. OLMSTED DIRECTOR	1.	X								
DON E. RUFF DIRECTOR	1.	X								
KIRK M. TUSHAUS DIRECTOR	1.	X								
KEITH M. TIGUE TREASURER	4.	X		X						
CANDACE WIEST DIRECTOR	1.	X								
PAUL R. MADDEN DIRECTOR	1.	X								
DONNA J. MARINO PRESIDENT & CEO	40.			X				134,727.		21,251.
THOMAS K. AVERY CFO	40.			X				64,900.		15,595.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	45,414.	FMV DATE OF GIFT
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 ▶(_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD PARTIES SALES OF NON-CASH

LINE 32B

USE A STOCK BROKERAGE TO RECEIVE SECURITIES AND THEN SELL THEM. DOLLARS

THEN TRANSFERRED TO ORGANIZATION VIA CHECK.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

MOST SIGNIFICANT ACTIVITY

PART I LINE 1 AND PART III, LINE 1

THE CATHOLIC COMMUNITY FOUNDATION IS A NON-PROFIT, INDEPENDENT CHARITABLE ORGANIZATION THAT SUPPORTS THE RELIGIOUS, EDUCATION AND PHILANTHROPIC OBJECTIVES OF THE DIOCESE OF PHOENIX. FOUNDED IN 1983, THE FOUNDATION PROVIDES A MEANS THROUGH WHICH DONORS CAN MAKE LIVING AND TESTAMENTARY GIFTS TO BENEFIT THEIR CHARITABLE OBJECTIVES AT ANY LEVEL. THE FOUNDATION HELPS TO SUSTAIN THE WORKS OF PARISHES, SCHOOLS, AGENCIES AND OUTREACH PROGRAMS IN THE DIOCESE OF PHOENIX AND BEYOND.

Name of the organization: CATHOLIC COMMUNITY FOUNDATION

Employer identification number: 86-0465177

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI

LINE 10:

FORM IS REVIEWED BY THE AUDIT COMMITTEE AND/OR THE AUDIT COMMITTEE CHAIR AND THE CEO.

LINE 12C:

OBSERVATION BY THE EXECUTIVE COMMITTEE OR SELF-REPORTING.

LINE 15A&B:

THE CEO NEGOTIATED AN EMPLOYMENT AGREEMENT WITH CCF THAT DETAILS THE SALARY, BENEFITS AND DUTIES OF THE POSITION. THE EXECUTIVE COMMITTEE THEN REVIEWED THE CEO'S ACCOMPLISHMENTS FOR THE PREVIOUS YEAR. THEY ALSO REVIEWED A SALARY COMPARISON SCHEDULE FROM THE COUNCIL ON FOUNDATIONS (COF) AND SOME INFORMATION ON WHAT THE JEWISH COMMUNITY FOUNDATION CEO RECEIVED IN SALARY. THE EXECUTIVE COMMITTEE THEN MET IN EXECUTIVE SESSION AND DISCUSSED THESE ITEMS AND APPROVED A NEW CONTRACT THAT FOLLOWED THE SALARY PARAMETERS IN THE COF SCHEDULE. A SIMILAR PROCESS WAS USED IN THE 2009 REVIEW, BUT THERE IS NO DOCUMENTATION OF AN EXAMINATION OF SALARY STUDIES. IN FACT, CCF CHOSE TO FOLLOW THE DIOCESE OF PHOENIX ACTION OF INSTITUTING THREE FOUR-DAY UNPAID FURLOUGHS FOR THE YEAR AND NO SALARY INCREASES.

AS A MATTER OF PROCEDURE, CCF REVIEWS THE DIOCESAN SALARY GRADE SYSTEM WITH ITS PAY RANGES. THE CCF FOLLOWS THOSE RANGES AFTER PLACING THE EMPLOYEE POSITION IN THE APPROPRIATE SALARY GRADE. THIS PROCESS IS DONE WITH ALL EMPLOYEES, FROM THE CEO AND THE CFO TO THE RECEPTIONIST. WE

Name of the organization: CATHOLIC COMMUNITY FOUNDATION

Employer identification number: 86-0465177

VIEW OUR RELATIONSHIP WITH THE DIOCESE HR OFFICE AS IF IT WAS AN INDEPENDENT CONSULTANT. WE CONTRACT WITH THEM TO COUNSEL AND ASSIST US IN HR ISSUES AND BENEFITS MANAGEMENT.

IT IS THE PLAN OF THE CFO AND CEO TO REVIEW THE PROCEDURES WITH THE APPROPRIATE CCF COMMITTEE TO ASCERTAIN IF THE PROCEDURES NEED REVISION TO FOLLOW BEST PRACTICES AS OUTLINED BY THE COUNCIL ON FOUNDATIONS.

LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
EXETER PARTNERS LP 33-0771937 6992 TURF DRIVE	INVESTMENTS	CA	R. SCHEFFING	INVESTMENT	135,356.	733,222.		X	NONE		X
VERDE VLY L&C LLC 71-0882293 PO BOX 1619	RANCHING	AZ	P. GROSETA	UNRELATED	-1,594.	3,263,928.		X	NONE		X
W. DART LLP 86-0845544 PO BOX 1619	INVESTMENTS	AZ	P. GROSETA	INVESTMENT	14,135.	6,438,627.		X	NONE		X
WILDFLOWER INV. LLP 86-0950133 6501 E GREENWAY PKWY #103-644	INVESTMENTS	AZ	M & D PATTERSON	INVESTMENT	3,182.	5,482,985.	X		NONE		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

			Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

JSA
8E1310 1 000